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**STORIES OF BECOMING AND BEING AN ASSOCIATE DEGREE NURSE  
EDUCATOR: A NARRATIVE INQUIRY STUDY EXAMINING HOW  
PARTICIPANTS' WAYS OF KNOWING EVOLVED THROUGH THEIR  
EXPERIENCES**

by

Bonnie J. Ross

A Dissertation

Submitted to the  
Department of Educational Services and Leadership  
College of Education  
In partial fulfillment of the requirement  
For the degree of  
Doctor of Education  
at  
Rowan University  
March 10, 2016

Dissertation Chair: Monica Reid Kerrigan Ed.D.

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## **Dedications**

This work is dedicated to the three nursing faculty members who so graciously consented to work alongside me during this inquiry. It is because of their honesty and willingness to share their stories that I was able to capture the essence of what it means to become, and evolve as an associate degree nurse educator. In their honor, this work is also dedicated to all past, present, and future nurse educators who have and will work tirelessly, and selflessly to pay it forward to educate our next generation of nurses.

## **Acknowledgments**

I would like to extend my sincere gratitude to Dr. Monica Kerrigan for her unwavering support and care as my dissertation chair. Her intelligence, thoughtful guidance, and brilliant insights enabled me to learn and grow throughout the research process. I am eternally grateful for all that she has done for me.

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I would like to extend my genuine gratitude to Dr. Raymond Yannuzzi, for serving on my dissertation committee. His vast amount of experience, unique perspective, and sharp intellect (including grammar!) were greatly appreciated throughout the dissertation process.

To my dear Gary, thank you for always believing in me, and for your unconditional love, support, and patience, especially when I worked for days on end. I love you forever!

To my precious children: Max, thank you for answering texts within a minute, and for your brilliant mind and eternal devotion, and Hannah, for your warmth and kindness. And to Carly, my sweet girl, you inspire me to do my best, as I watch you evolve and become everything you are meant to be; I love you all so very much!

## **Abstract**

Bonnie J. Ross

### **STORIES OF BECOMING AND BEING AN ASSOCIATE DEGREE NURSE EDUCATOR: A NARRATIVE INQUIRY STUDY EXAMINING HOW PARTICIPANTS' WAYS OF KNOWING EVOLVED THROUGH THEIR EXPERIENCES**

2015-2016

Monica Reid Kerrigan Ed.D.

Doctor of Education

This study explored the stories of the experiences of three associate degree nurse educators and how they evolved in the way they viewed their world as they transitioned in their role from nurse expert to experienced nurse educator. As associate degree nursing education is the most commonly reported initial nursing education of registered nurses in the United States, and, because of the highly affordable and accessible means for educating the next generation of nurses, the purpose of this study was to address the projected nurse and nursing faculty shortage. Through narrative inquiry, this study has provided a means to inform and educate prospective readers of what it means to be an associate degree nurse educator in the community college setting, with the goal of enlightening, inspiring, and creating connections between faculty and clinical nurses and students, thus promoting them to consider entering in the field of nursing education.

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## **Chapter 1**

### **Introduction**

As the post-World War II baby boomer population grows older, and the Affordable Care Act mandates additional preventative and primary health care services for all Americans, the United States (US) Department of Labor estimates from 2014-2024, the total employment of registered nurses will increase by 16%, or 439,300 jobs, a rate of growth faster than the average for all occupations (US Department of Labor Bureau of Labor Statistics, 2015). Considering impending retirements of an aging nursing workforce, nursing education is charged to produce 1.05 million new registered nurses by 2022 (American Association of Colleges of Nursing, 2014) which means increasing the number of nursing students by approximately 90% to meet the current and projected shortages (Health Resources and Services Administration/Bureau of Health Professions, as cited in Benner, Sutphen, Leonard, & Day, 2010, p. 3). A major concern when addressing capacity issues of nursing programs is the nationwide shortage of nursing faculty.

This research study directly addressed the need to attract and retain nursing faculty members specifically in regard to associate degree nursing (ADN) education in the community college setting. There are approximately 1092 Associate Degree, 67 Diploma, and 710 Baccalaureate Degree nursing programs in the United States (National League for Nursing, 2014a). According to a survey administered by the National Council of State Boards of Nursing (NCBSN), the most commonly reported initial nursing education of registered nurses in the US is the associate degree in nursing, representing

39% of respondents, followed by 36 % of respondents earning a baccalaureate degree, and 18 % of respondents receiving their initial education in hospital-based diploma programs (Budden, Zhong, Moulton, & Cimiotti, 2013, p. s20).

ADN education provides the most accessible and affordable means for students to complete the required nursing curriculum to be eligible to take the registered nurse (RN) licensure exam. Considering the volatile US economy, the surmounting costs of higher education, and the need for many students of all ages to work while attending school, the socio-economic benefits of increasing the capacity of ADN programs are apparent.

Recruiting and retaining informed and inspired educators is a part of this process. Using the method of narrative inquiry, this study has explored the stories of three associate degree (AD) nurse educators and how they have evolved in the way they know and view their world through their experiences in becoming and being an educator in the community college setting. The purpose of this study was to enlighten and inform prospective educators, and other readers, about the unique experiences of these educators as they successfully transitioned, over time, from the role of clinical nurse to an AD nurse educator. By enabling readers to gain a deeper understanding of what it means to be an AD nurse educator, this study aimed to reduce some of the uncertainty associated with being a nursing faculty member, thus, promoting and inspiring current clinical nurses and students to pursue the educator role.

## **Background of the Problem**

The American Association of Colleges of Nursing (AACN) report on 2014-2015 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing reported

that US nursing schools turned away 68,938 qualified applicants from baccalaureate and graduate nursing programs in 2014 due to various causes including an insufficient number of nursing faculty, a shortage of clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the respondents pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs (AACN, 2015).

The 2014 National League for Nursing (NLN) biennial survey found that 28% of associate degree nursing programs point to the lack of faculty as being the main obstacle to expanding program capacity (NLN, 2014). Additionally, in March 2014, Peter McMenamin, for the American Nurses Association (ANA), pointed to the potentially severe faculty shortage and referred to the Department of Labor Bureau of Labor Statistics which “projects that there will need to be 35% more faculty members to meet the expected increase in demand. In addition, 10,200 current faculty members are expected to retire. Therefore 34,200 new nursing instructors will be needed by 2022. Could the collected colleges of nursing recruit 3,420 new nursing instructors per year through 2022?” (NLN, 2014b, p. 3).

Faculty vacancies in the US have continued to grow as the number of current, potential full and part-time educators are being lured into higher compensating clinical and part-time settings (AACN, 2015). In response, the NLN Public Policy Agenda for 2015-2016 defined priorities which included policies to support nursing faculty educational programs, including leadership programs to build educational research capacity and create a more diverse nursing faculty workforce (NLN, 2015).

Ample research exists regarding factors influencing the recruitment and retention of qualified nursing faculty including salary, workload, environmental factors, and an aging population of qualified teachers (AACN, 2015; NLN, 2007; NLN, 2014b). In a survey conducted by the NLN and the Carnegie Foundation (NLN/Carnegie Study) of nurse educators regarding compensation, workload, and teaching practices, 53% of those respondents that were likely to leave their current job in the next year cited “more compensation” as the motivating factor. More than one in four indicated they were likely to leave their current job citing a significant workload as a motivating factor (NLN, 2007).

The present nursing faculty shortage is expected to worsen as the current nursing faculty workforce retires in the next several years. The NLN/Carnegie Study found that 48% of nurse educators were age 55 and over, as compared to 35% of US academics and only 29% of health science faculty reporting being over 54 (Kaufman, 2007, p. 165). Additional research conducted by the NLN on America’s almost 60,000 nurse educators showed that a principal cause of the projected nursing shortage is an aging and overworked nursing faculty who earn less than nurses entering clinical practice and less than other faculty with similar degrees in other academic disciplines (NLN, 2014). Younger nurses pursuing higher education are seeking employment in clinical and private-sector settings. According to the American Academy of Nurse Practitioners, in 2014, the average salary of a nurse practitioner across settings and specialties was \$91,310, as compared to the average salary for a master’s-prepared Assistant Professor in schools of nursing was \$73,633 (AACN, 2015).



Other work environment conditions such as organizational support and relationships with administrators, other faculty members, and students have been found to have a significant effect on nursing satisfaction, recruitment, and retention. Studies have revealed the existence of lateral violence and bullying in the clinical setting and among nursing faculty (Brady, 2010; DalPezzo & Jett, 2010; Gormley, 2003; Lane, Esser, Holte, & McCusker, 2010; Moody, 1996). Student incivility has been also been identified as an issue which prevents a healthy work environment in the academic setting (Brady, 2010). Additionally, a task group assigned by the NLN identified various environmental factors effecting recruitment and retention in nursing education and subsequently created a “Healthful Work Environment Tool Kit” (NLN, 2006a). The tool kit was designed to help nurse educators assess the social climate in their schools, and to promote dialogue identifying factors to support healthy work environments. Thus, considering challenging issues in the work environment, an aging workforce, excessive workload, and non-competitive salary ranges, there is a need for educators and administrators to develop and implement innovative strategies to recruit and retain educators in the academic setting. The findings of this study are meant to inform prospective nurse educators, and other readers, of the unique experiences of AD nurse educators as they evolved over time in the nursing faculty role. Through the sharing of these stories, students and clinical nurses may be inspired to consider entering into the field of nursing education.

ADN programs serve a unique population of students in the community college setting. Based upon the community college mission of open access and affordability, students often possess characteristics such as being the first in their family to attend college, work at least part-time and often full-time, and have other external family and

financial demands placing them at a high risk for not successfully completing degree requirements.

AD nursing students benefit from student-focused, dedicated nursing faculty members. Studies confirm the importance of effective faculty-student interaction, which is vital in the community college setting (Shelton, 2013, Stokes, 2003). Effective, experienced nurse educators possessing the ability to manage numerous student and organizational demands are necessary for student success in the community college setting.

Additionally, continuing pressure from external agencies to enforce hiring of RN's with the minimum education of a Bachelor's of Science in Nursing (BSN), places ADN programs under pressure to continually prove the need for their existence. As the most affordable means to educate graduates nurses eligible to take the National Council Licensure Exam (NCLEX) for RN's, ADN programs are admittedly the starting point in the pursuit of lifelong education of a registered nurse.

In attempt to meet the needs of the projected nursing shortage and the impetus to promote all RN's to attain the BSN, 22 states have already adopted policy to permit community colleges to confer the Baccalaureate Degree in Nursing (Alex, 2016). The push for the community college BSN has become an area of focus in the state of this study as well, with an anticipated battle between two and four-year institutions.

Thus, in order to inspire prospective educators and enlighten and showcase the merit of AD nursing educators, the findings of this study have revealed the unique characteristics and capabilities of three AD nurse educators through their stories

depicting the transition process beginning as a novice educator, and how they evolved as they became experienced educators. This research has also examined how these stories have evolved as a result of the telling, retelling, and reliving process of narrative inquiry, and how the relationship between me, the researcher, and the participants have evolved throughout this inquiry.

### **Significance of Study**

While current research details reasons why nurses do not become nurse educators or why many educators leave the academic setting (AACN, 2015; Kaufman, 2007; NLN, 2014b), studies also exist that depict the experiences of current nursing faculty and recommend the need to examine their experiences in attempt to address the nursing faculty shortage. Datillo, Brewer & Streit (2009) conducted a phenomenological study exploring experienced baccalaureate educators' perspectives regarding their role experiences, and concluded that increased efforts should be directed toward encouraging qualified individuals to pursue a career as a nurse educator, and mentoring those who are novices. The authors also asserted that a collective wisdom exists among experienced nurse educators, one that reveals insights useful for recruiting and retaining less experienced colleagues.

Additionally, Diekelmann's (2004) 12-year study depicting Narrative Pedagogy, an innovative teaching and learning approach designed to address complexities in health care and nursing education, prompted the questions, "How can schools of nursing create ways to publicly share stories of being new in teaching and in nursing? Would collaboratively interpreting these stories create a safe place for students and teachers to

discuss engendering community practices in nursing education and practice (p. 103)?

This research study has addressed these questions while attempting to enlighten prospective educators about the experiences of teaching nursing in the community college setting.

This study was also geared to the needs of current students and newer nurses. Generation Y nurses (born between 1980 and 2003) have unique characteristics to be considered (Lavoie-Tremblay, Leclerc, Marchionni, & Drevniak, 2010), and will represent 50% of the nursing workforce by the year 2020 (Sherman, 2014). Generation Y nurses seek interesting and meaningful work, and expect more coaching and regular feedback than any other generation in the workplace (Sherman, 2014). This group also prefers workplaces that are informal with a lot of humor and connectedness. Through the creation of connections and relationships, this study has provided a deeper understanding of AD nurse educators' experiences, thus bridging the gap between current AD nursing faculty and prospective nurse educators in the Generation Y group.

### **Gap in Literature**

Although several studies have examined the transition from expert nurse to novice faculty member (Cash, Daines, Doyle, von Tettenborn & Reid, 2009; Datillo, Brewer & Streit, 2009; Duphily, 2011; Lee-Lin, 2013; Siler & Kleiner, 2001; Weidman, 2013), there is minimal research using stories and narrative inquiry as a methodology to examine the experiences of becoming and being an AD nurse educator in the community college setting. The use of storytelling and narrative has been widely embraced in many aspects of nursing and nursing education. Based upon my experiences as a member of an all-

female faculty at a community college and current department chair of the nursing program, this study was undertaken to broaden the literature and promote interest in AD nursing education through a deeper understanding of how fellow faculty members' ways of knowing have evolved through their experiences. Belenky, Clinchy, Goldberger & Tarule's (1997) seminal work, *Women's Ways of Knowing*, first published in 1986, described five epistemological perspectives by which women know and view their world. Considering Belenky et al.'s (1997) research and the three dimensions of narrative inquiry, this study has explored how three female AD nurse educators' ways of knowing have evolved through their experiences in becoming and remaining a nurse faculty member in the community college setting. The following research questions and sub-questions were examined in this study:

1. How have the ways of knowing of AD nurse educators in this study evolved over time in relation to becoming and being nursing faculty in the community college setting?
  - a) What are the experiences that led the AD nurse educators in this study to become and remain faculty members in the community college setting?
  - b) How have these experiences influenced their ways of knowing?
2. How did telling, retelling, and reliving affect the stories of their experiences?
3. How did the relational aspect between me, the inquirer, and the participants evolve throughout the study?

I chose to conduct a qualitative narrative inquiry research study with the purpose of promoting a deeper and richer understanding of the experiences of AD nurse educators in the community college setting. Using a three-dimensional metaphorical narrative

framework (Clandinin & Connelly, 2000) which included aspects of temporal, personal/social, and place, this study examined how three female AD nurse educators' ways of knowing and learning have evolved through their experiences. The community college environment has been emphasized as a vital component of these educators' experiences, as well as how their personal and social relationships influenced the evolution of the way they viewed their world.

The goal of this study was to inform and ultimately create connections between community college faculty members and potential educators through the voices and stories of current AD nurse educators. If prospective nurse educators are better informed, they will be more likely to become effective educators, should they choose the role. This research also informs and enlightens other nurses, nurse educators, administrators, and other readers of the how these faculty members have evolved over time as a result of their experiences.

### **Narrative Inquiry**

Nurses are natural storytellers. Stories help organize nurses' work and assist in interpreting experiences (Baker, 1991; White & Epston, 1990; Wolfe, 2008). Novice nurses learn from experienced nurses. Nurses tell stories about other nurses, patients, and families. The stories communicate lived experience, often shared with patients in their personal space, and reveal meaning through interpretation (van Manen, 1997).

The use of narrative has been recognized in nursing research for more than two decades. Sandelowski (1991) asserted how narrative approaches in qualitative nursing research suggest solutions for ambiguous problems which have been "conditioned by

empirical rather than biographical or narrative standards of truth and by a preoccupation with obtaining information at the expense of understanding expression” (p. 162). As researchers interpret nurses’ stories, they gain knowledge and understanding of nurses’ work (Wolfe, 2008, p. 326).

Nurse educators teach students through the use of stories. Dieklemann & Diekelmann (2009) defined narrative telling as “our attempt to focus on the conversational aspect of narratives. It is to be mindful of and to embrace narrative’s telling as the loci of matters of concern. Narrative tellings gather the human being of openness as the call to the saying of conversation” (p. xlviii). Narrative Pedagogy has been widely embraced as a means of teaching, learning, and schooling through sharing of stories of common lived experiences of nursing students, teachers, and clinicians. The technique uses conventional, phenomenologic, critical, and feminist pedagogies, along with postmodern discourses to re-envision nursing education, and is derived from interpretive phenomenology (Diekelmann, 2001).

Nurse educators promote students to learn through the retelling and reliving of their experiences with patients and other healthcare team members in the clinical setting. Benner, Tanner, & Chelsea, 2009 (as cited in Tanner, 2006) asserted how “narrative reasoning creates a deep background understanding of the patient as a person and that the actions of the nurse can only be understood against that background. Narrative is an important tool of reflection that having and telling stories of one’s experience as clinicians helps turn experience into practical knowledge and understanding” (p. 207).

The use of narrative as a data collection tool and narrative inquiry as a methodology in this study has enabled a deeper understanding of AD nurse educators' experiences in becoming and remaining nurse faculty. Thinking narratively entails the consideration of the temporality, place, and the sociality of experiences. By exploring the evolution of educators' personal and social experiences (interaction), as a function of becoming and being (time), in the community college setting (place), clinical nurses, students, and administrators gain insight and share connections within their lives.

**Negotiating relationships and positioning narrative inquiry.** Clandinin & Connelly's *Narrative Inquiry* (2000) and Clandinin's *Engaging in Narrative Inquiry* (2013) have provided a basis for my understanding of narrative inquiry as a method that produces knowledge of the inquirer and participants' lives, over time, in relation to people and situations in defined places. While other forms of qualitative research, such as interpretive phenomenology, search for common themes and conceptual systems, narrative inquiry simply focuses on the lives as lived and told through stories (Clandinin & Connelly, 2000). Consistent with Dewey's (1938) view of experience, this study, through narrative inquiry, sought to understand experience as a "continuous interaction of human thought with our personal, social, and material environment" (Clandinin, 2013), as stories were co-composed by me, the inquirer, and my fellow AD nursing faculty members.

This study was about relationships and connections. Clandinin (2013) stressed the importance of considering the interconnectedness of the participant and inquirer, and the ongoing process of negotiating relationships throughout the narrative inquiry research process. As I worked alongside the participants, the process of inquiry required ongoing



reflection and communication regarding boundaries and relationships, including being open, honest and transparent in regard to “purposes, transitions, intentions and texts” (Clandinin, 2013, p. 51).

Additionally, Clandinin (2013) asserted that being cognizant of how the iterative process of narrative inquiry not only produces research text, but also of how the experience of the research process may influence and permanently change both the participant(s) and the researcher. As stated in this study’s second and third research questions, this study has also examined how the living, telling, retelling, and reliving of the participants’ stories have changed as a result of the research process, and how the participants and I viewed our lives, and the environment around us. The connections and relationships were also explicit in the purpose of this study. Through my ongoing relationship with the study’s participants, research texts were developed which will enable prospective nurse faculty and other readers to gain insight into our connections, while providing a deeper understanding of the experiences of AD nurse educators.

**Seven design considerations.** This study utilized the work of Clandinin & Connelly’s (2000) *Narrative Inquiry* and Clandinin’s (2013) *Engaging in Narrative Inquiry* as a guide in understanding and conducting a narrative inquiry research study. Woven throughout this study were Clandinin’s (2013) seven design considerations which will be detailed in Chapter 3. Clandinin (2013) asserted that inquirers must be mindful of these considerations during the planning phase of a narrative inquiry research study, and that they should continue to be considered as a guide throughout the research process. The first four considerations involved the planning and framing of the research questions or “puzzle”, the relational aspect between me, the inquirer, and the participants, the

gathering of data or field texts, and the transition from field texts to interim research texts. The fifth, sixth, and seventh considerations underscored the ongoing relational aspect of the inquiry as the participants and I co-composed the research texts while considering the three dimensions of the inquiry space.

### **Theoretical Frameworks**

This study considered the experiences of three nursing faculty becoming, being, and evolving as nurse educators in the community college setting, and how their ways of knowing evolved through their experiences. Using the qualitative method of narrative inquiry and a metaphorical three-dimensional framework, I have worked alongside the three participants as they have lived, told, retold, and relived their experiences. The notion of time, place, and personal-social interaction have been considered throughout the inquiry as a means of narratively thinking about the data as it has been transformed from field texts (data) to research texts. The relational aspect between me, as inquirer, and the participants, was considered an overarching theme throughout the research process.

As stated, Belenky et al.'s (1997) *Women's Ways of Knowing* was also used as a framework in this study. The evolution of how AD nursing faculty's ways of knowing and thinking about their world has been examined as a function of the three dimensions of narrative inquiry: time, place, and social context of their experiences. As researcher and fellow nursing faculty member, my personal experiences as an AD nurse educator have also been considered. At the onset of this study, I composed a narrative autobiography and began to journal my thoughts, feelings, and AHA moments.

The use of an autobiographical narrative inquiry is considered a starting point by which inquirers and participants continue to “live their stories, even as they tell their stories of their experiences over time” (Clandinin, 2013, p. 44). This technique has permitted me to “understand who I am, and am becoming, in relation with potential participants and particular phenomena” (Clandinin, 2013, p. 43). Additionally, ongoing journaling enables me to detail my own reflective practice, while also providing further validity to the study.

### **Limitations of the Study**

This study provides the reader with a deeper understanding of how three AD nurse educator’s ways of knowing have evolved through their experiences in becoming, being, and evolving as nursing faculty in this community college setting, and is based upon an all-white, female faculty. In terms of being current in the practice of nursing and nursing education, this study does not fully address the NLN’s call for research and practice to develop a diversified faculty and nursing workforce, due to the lack of racial and gender diversity among this group.

Additionally, as this research has focused upon theories described in *Women’s Ways of Knowing*, there is no discussion of males who are nursing faculty or how males who are nurses may relate to this research. Because the nursing workforce is approximately 90% female (American Nurses Association, 2014), the connections made through this study are more likely experienced by prospective female educators. The findings from this study are not meant to be generalized; the goal was to create a deeper

understanding of the experiences of three AD nurse educators, and how their ways of knowing have evolved through their experiences.

Additionally, as I researched *Women's Ways of Knowing*, it became apparent that the prescribed roles for women in our society have had a distinct influence on how women are socialized to think. As this research was first published in 1986, with a second edition published in 1997, there have been some societal shifts in the socialization of women. This study does not comment on how these changes have evolved, but rather, has examined how these influences may have played a role in the ways of knowing of the participants.

This chapter has detailed the larger context of the nursing shortage and the background of the nursing faculty shortage. The significance of undertaking this narrative inquiry research study examining the experiences of AD nurse educators and the evolution of their ways of knowing has also been described. The following chapter will detail this study's conceptual framework and review literature regarding narrative inquiry, and the three commonplaces of time, place, and sociality as each aspect pertains to this study. The features of becoming and being a nurse educator, the personal and social interactions of AD nurse educators including a detailed explanation of women's ways of knowing, and a background of associate degree nursing in the community college setting will be described.

Chapter 3 will detail the methodology of narrative inquiry including the rationale and assumptions of this method, participant selection, data collection and analysis, and a discussion of validity and trustworthiness. My autobiographical narrative, the reasons

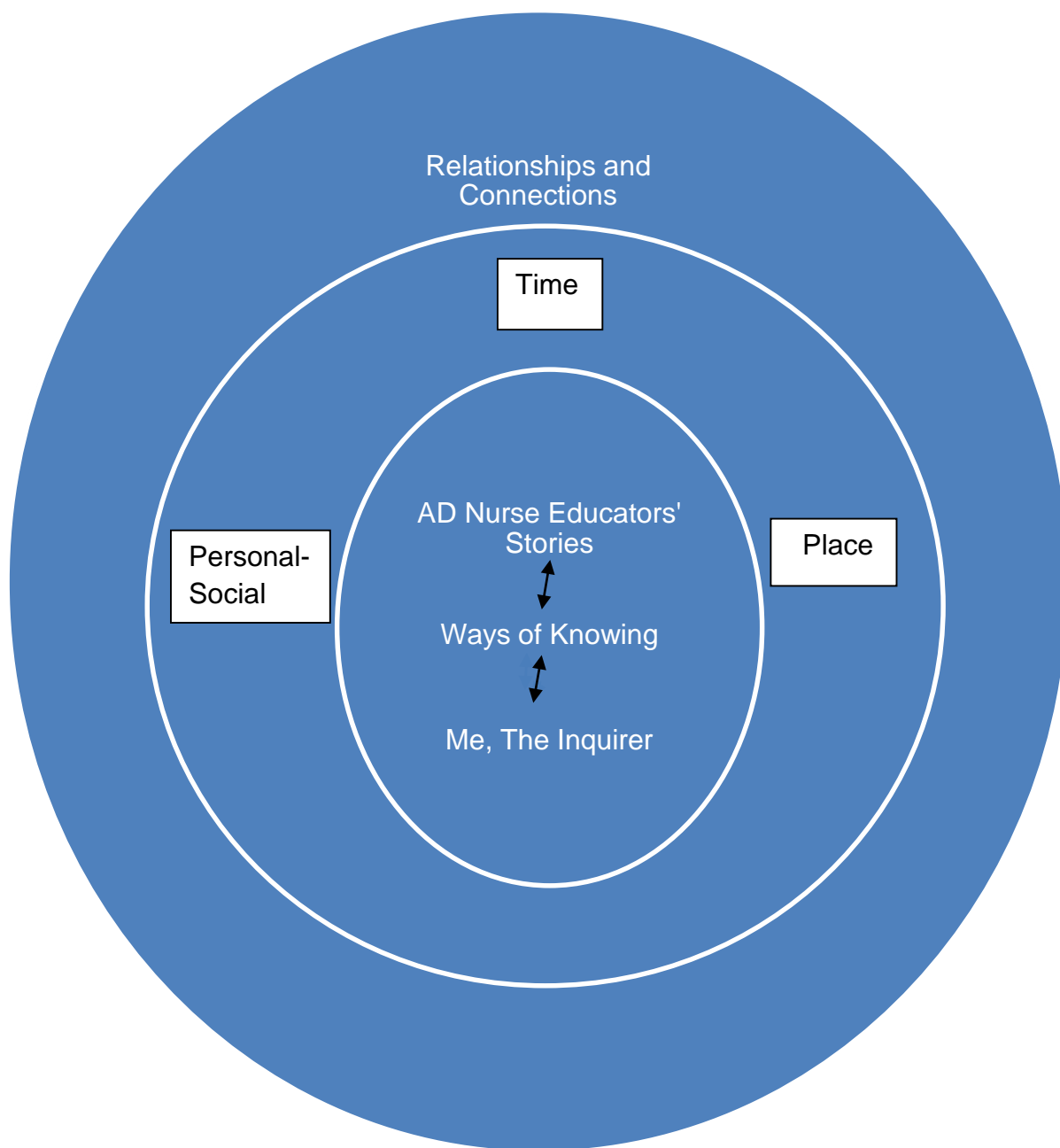
for this study and my philosophical assumptions as they pertain to this study will also be discussed. Chapter 4 features the narratives of the three participants, followed in Chapter 5 by a detailing of the themes emerging from the analysis of the participant's stories. Chapter 6 provides a discussion of the study's research questions, followed by Chapter 7, the implications and conclusions drawn from this research study.

## **Chapter 2**

### **Literature Review**

This chapter will detail the aspects of the conceptual framework used in this narrative inquiry study, including descriptions of each of the three dimensions of the inquiry space: time, place, and sociality. For purposes of clarification, the three dimensions will be defined separately as a basis of understanding how each pertains to this study, while considering the fluid nature of each aspect as the inquiry was undertaken. Clandinin (2013) pointed out that each dimension should be addressed simultaneously throughout the study, as this is, “in part, what distinguishes narrative inquiry from other methodologies” (p. 39). The focus of narrative inquiry is not “so much as to generate a list of understandings achieved by analyzing the stories, but for one to think with the stories about people’s experiences to “understand the lives being lived” (Downey & Clandinin, 2010, as cited in Clandinin, 2013, p. 39).

The purpose of this study was to provide a deeper understanding of the experiences of becoming and being an AD nursing faculty member, and how three educators’ view of their world has evolved through their experiences. By sharing their stories through the method of narrative inquiry, clinical nurses, students, and other interested readers will gain a greater insight into what it means to be a nurse educator in the community college setting.



*Figure 1.* Conceptual Framework

## **Conceptual Framework**

The conceptual framework used in this study was based upon Clandinin & Connelly's (2000) definition of narrative inquiry as a "way of understanding and inquiring into experience through collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus" (p. 2). Clandinin (2013) asserted that "engaging in narrative entails thinking within the three commonplaces of narrative inquiry: temporality, sociality, and place, and that each commonplace specifies dimensions of an inquiry and are central to the conceptual framework for narrative inquiry" (p. 38). Narrative inquiry is fluid in nature as narrative inquirers think simultaneously backward and forward, inward and outward, with attention to space (Clandinin, 2013).

This study examined the dynamic, personal, and social nature of the experiences of associate degree nursing faculty members in the community college setting, and how these educators' ways of knowing evolved through their experiences over time. The temporality dimension was expressed as the backward and forward (past, present, and future) of becoming, being, and evolving as a nurse educator. The personal and social dimension (expressed as inward and outward) entailed the feelings, hopes, and reactions of the participants, and how these conditions were shaped by their cultural, social, institutional, and familial experiences. The sociality dimension also considered the relational aspect between the researcher (me), and the participants. The third dimension, place, involved the community college setting where this associate degree nursing program was located.



Belenky, et al.'s (1997) seminal research, *Women's Ways of Knowing*, was used to help understand how the study's participants' ways of knowing have evolved as a function of their personal and social experiences as nurse educators in the community college setting over time. The concepts of silent, received, subjective, procedural (separate or connected) and constructed knowing have been explored as a means of gaining insight into the evolution of the nurse educators' epistemological perspectives. In addition, Goodman, Schlossberg & Anderson's (2006) adult transition model has been used to enhance the understanding of the educators' experiences.

### **Relational Inquiry**

Through the lens of narrative inquiry as a conceptual framework, this study explored the relationships that have evolved between the participants and me, as a result of the research process. Clandinin (2013), in *Engaging in Narrative Inquiry*, made important distinctions regarding narrative inquiry and other forms of narrative analysis and research by asserting that narrative inquirers understand experience as a narratively composed phenomenon and are relational inquirers; they recognize that they are part of the phenomenon under study (p. 24). In this study, the experiences of AD nurse educators were the phenomenon represented through stories. My role as faculty member and department chair permitted me the opportunity to work alongside the participants.

As I worked with each educator, my own story was considered throughout the process. As the researcher, I wrote my autobiographical narrative at the onset of the study, and was continually considering how my own personal experiences as a nurse educator propelled this study. My belief was that throughout the process of the inquiry,

my relationship with the participants evolved through the telling, retelling, and reliving of our experiences. “In narrative inquiry we intentionally come into relation with participants, and we, as inquirers, think narratively about our experiences that become visible as we live alongside, telling our stories, hearing other’s stories, moving in and acting in the places-the contexts-in which our lives meet” (Clandinin, 2013, p. 23).

Clandinin (2013) offered four key terms which provided meanings of experience for narrative inquiry: living, telling, retelling, and reliving. People live out stories and tell stories of their living. Narrative inquirers come alongside their participants inquiring into the lived and told stories, as they retell stories. As the lived and told stories are retold, they may also be relived. This process entails not just the storytelling, but involves the intricate relationship between the researcher and participant. The relationship also considers the retelling of stories based upon the context and temporal aspects involved.

As stated, my personal experiences as an AD nursing faculty member in the community college as well as my familiarity with the participants in this study played an integral role in this study’s inquiry process. Using the conceptual framework of narrative inquiry, this study has explored the experiences of AD nurse educators and how their ways of knowing have evolved through their experiences. This study has also examined how the relationship between me, the researcher, and the study’s participants evolved through the process of living, telling, retelling, and reliving their stories, and how these stories have been affected through the research process.

## **Narrative Inquiry**

In Clandinin and Connelly's (2000) *Narrative Inquiry: Experience and Story in Qualitative Research*, the authors discussed how their research in education led to their understanding of experience through the study of narrative. The authors asserted how narrative inquiry is defined by "stories lived and told" and is both the phenomenon and the method of social sciences. Clandinin & Connelly (2000) pointed to the major influence of John Dewey's work and ideas regarding experience as being personal and social, and that human beings cannot be fully understood unless the context is considered. Dewey also believed that one's experiences grow from prior experiences, and are continuous in nature.

Based upon their interpretation of Dewey's work, Clandinin and Connelly (2000), and Clandinin (2013) developed a view of experience which provided the basis of the conceptual framework of this study. They maintained that the ongoing relations between inquirer and participant have three aspects based on the premise that one's experience:

- Has a past, present, and future (temporality or continuity)
- Is personal and social (interaction)
- Is relative to the situation (place)

These terms combine to create a metaphorical three-dimensional narrative inquiry space with temporality along one dimension, the personal and social along a second dimension, and place along the third dimension (Clandinin and Connelly, 2000, p. 50). In this study, the notion of temporality was explored through the experiences which led nursing faculty to become and remain nurse educators over time. The personal and social

aspect was represented by participants' stories involving the interaction between internal and external factors, and the third dimension of place, the community college setting, provided distinct characteristics and features defined in the study.

Through the three dimensions, three AD nurse educators' experiences have been examined using the feminist research of Belenky et al.'s (1986, 1997) *Women's Ways of Knowing*. Additionally, the ongoing negotiation of the relationship between me, the inquirer, and each participant was considered throughout the telling, retelling, and reliving of the experiences. In the following section, each aspect of the conceptual framework will be depicted in greater detail, including a review of current relevant literature.

**Temporality/continuity.** The first aspect of the three-dimensional narrative inquiry space, time and continuity, stemmed from John Dewey's view of experience as being continuous and temporal; it involves not just life in the here and now, but also with life as it is experienced on a continuum (Clandinin and Connelly, 2000). Clandinin and Connelly (2000) referred to Geertz's (1995) experience as a forty-year veteran anthropological inquirer, and her assertion that the key feature of how one learns about his or her world is by understanding how change occurs over time (p. 20). Clandinin and Connelly (2000) stated that "any event, or thing, has a past, a present as it appears to us, and an implied future" (p. 29).

Through the telling, retelling, and reliving of AD nursing faculty members' stories, this study explored how the educators' ways of knowing have evolved over time in relation to their experiences in becoming and being nurse educators in the community

college setting. Clandinin (2013) asserted that one must often “reach as far back as our childhoods...to understand and at times to name our research puzzle” (p. 83). Clandinin (2013) referred to Huber’s autobiographical narrative inquiry (2008) that caused her to reflect upon her life lived in school and familial landscapes. She considered family and community narratives that shaped her experiences as a child and a youth, and found that as she lived through the reconstructed memory, she was able to gain insights into her own conflicts, and to better understand those of others she worked with.

As a narrative inquirer, throughout the study, I negotiated an ongoing relational inquiry space, known as a field, composed of each participant and me, the researcher, (Clandinin, 2013). As I had worked alongside each of the participants in this role for a varied numbers of years prior to this study, it was also necessary for me to delve into my own personal experiences regarding my role as a nurse educator and my ways of knowing. Our ongoing and negotiated relationships enabled the reconstruction of experiences and stories of becoming and being a nurse educator. The living and telling, retelling, and reliving of our stories were negotiated as ways of “being together and ways of giving accounts of our work together” .....while considering the ongoing “institutional, social, cultural, familial, and linguistic narratives in which we have and continue to live” (Clandinin, 2013, p, 44).

Clandinin (2013) referred to prior research (Clandinin & Rosiek, 2007, p. 41) and depicted the term “continuity” (experiences growing out of other experiences) as an ontological matter. Experiences are continuous and “what you see is what you get” (Clandinin, 2013, p. 17). The new relations generated through inquiry add to prior experiences and become part of the future experience. The next section will review the

literature in terms of the aspect of temporality and continuity in this study; that is, the experiences over time of nurses becoming and being nurse educators.

***Becoming a nurse educator.*** As stated, many studies have examined why nursing faculty stay or do not stay in their educator role, but there is less research examining why nurses decide to become nurse educators. Additionally, there are no studies using narrative inquiry as a methodology to explore the experiences of AD nurse educators and the evolution of their ways of knowing through their experiences. This study has enabled readers to have a deeper understanding of what it means to be a nurse educator in the community college setting.

This section has been divided based upon studies revealing factors related to becoming a nurse educator, followed by factors influencing nurse educators to remain in their role. Although these factors are divided in this area, due to the temporal aspect of narrative inquiry, the past, present, and future aspects of the participant's experiences have been considered collectively during the analysis phase of this study. "What we mean by this is that we tell remembered stories of ourselves from earlier times as well as more current stories. All of these stories offer possible plotlines for our futures" (Clandinin & Connelly, 2000, p. 60).

Brady (2010) discussed findings from the 2003 NLN National Study of Faculty Role Satisfaction, in which the "number one factor that influenced faculty members to either take on the faculty role, or stay in it was working with students" (p. 190). Smith (2005) described the satisfaction she derived as an educator and returning some of the "treasured gifts" (p. 134) she received from top-notch nursing faculty during her own

education. Additional studies confirm that, in addition to the rewards of working with students, helping to shape and give back to the nursing profession also attracted nurses to become educators (Brady, 2010; Duphily, 2011; Evans, 2013; Morris, 1995; Weidman, 2013).

Role modeling and the influence of other nurse educators has also been found to play a major role in attracting nurses to become teachers (Brady, 2007; Dattilo et al., 2009; Duphily, 2011; Evans, 2013; Gardner, 2014). Nurse educators must be responsible for encouraging students, nursing graduates, and practicing nurses to consider a career in nursing education (Duphily, 2011). Fitzpatrick (2014) asserted that nurse educators “must do everything possible to make nursing education an attractive career choice for students in basic and graduate nursing programs. Empowered faculty members lead to empowered students” (p. 7).

Other factors which influence nurses to become and remain educators include working in an intellectually stimulating environment and having autonomy and flexibility in one’s work. Brady (2007) emphasized the unique factors inherent in the recruitment and retention of ADN faculty, including the nature of the ADN faculty role, salary, workload, and work hours. One of the biggest challenges in recruitment was to “identify applicants who truly have the passion to be nurse educators” (p. 191). Being passionate about what they do has been identified in other studies as an essential ingredient of nurse educators (Dattilo et al, 2009; Duphily, 2011; Lee-Lin, 2013; Morris, 1995).

***Being a nurse educator.*** In response to the NLN's call for increasing the number of qualified and effective nursing faculty, efforts have focused on research in this area, with the goal of developing strategies for recruitment and retention. Several studies exist validating the need to address the highly challenging role of a novice nurse educator (Benner, Sutphen, Leonard, & Day, 2010; Brady, 2007; Dattilo et al., 2009; Duphily, 2011; Gardner, 2014; Weidman, 2013). Duphily's (2011) phenomenological study explored the experiences of novice nurse educators in the ADN setting to learn more about how they can best be mentored. The first theme "dancing as fast as I can; the great learning curve" identified novice educators' experiences and how education did not prepare them for the expectations of the new faculty position. This theme, found in other studies, caused the Carnegie Foundation (Benner et. al., 2010) and the NLN to recommend that graduate nursing programs "support the study of pedagogies specifically designed and evaluated for nursing education and for doctoral programs to include teacher education courses and experiential learning that better prepares future nursing faculty" (NLN Board of Governors, 2013, p. 2).

Other themes of Duphily's (2011) study included the importance of the team and the need for garnering support among co-workers, and the need to patiently listen and learn during the first year of being an educator. Duphily (2011) described the journey from expert clinician to novice academic which encompassed ambivalence, apprehension, and uncertainty regarding the role transition as a new educator. Weidman (2013) conducted a phenomenological study describing and interpreting the experiences of nurses who had not studied educational theory as they transitioned from the clinical role to novice nurse educators. The author found three themes including (a) clinical



nurse experts have knowledge to share and a desire to share with the next generation, (b) the transition process brings out feelings of stress related to the lack of educational theory, and (c) consistent mentoring significantly aids in the role transition. These studies confirm the learning curve involved in becoming an educator, the strong need for support of fellow co-workers, and the common feelings of stress, anxiety, and ambivalence.

These findings accentuate the need for prospective nurse educators to be better prepared and have a deeper understanding of the role of being a novice educator. Through the narratives of AD nurse educators, this study has explored stories of how nursing faculty view themselves, and how their ways of knowing have evolved through their experiences. Their voices convey their stories and enable readers to gain a richer understanding of their experiences.

Duphily's (2011) fourth theme encompassed the concept of balancing faculty-student relationships, and the complex challenges of meeting the educational needs of students in the community college setting. The study revealed the overwhelming responsibility that AD nurse educators feel regarding the preparation of students with diverse learning needs for entry in the profession (p. 128). This concept will be further depicted in the community college section of this chapter.

Gardner's (2014) phenomenological study of the lived experiences of effective nurse educators and the characteristics, traits, and practices that influenced their development and competence provided insights about how faculty in various institutions with five or more years of teaching experience viewed their roles and experiences. One

educator stressed the importance of understanding “what their position is going to be in relationship to students; they have to understand the mentality, the philosophy of the institution” (Gardner, 2014, p. 109). Another faculty member summarized how we must view that “what we do matters, that what we do is more than a job.....a good educator must value the contribution they are making to the profession and the lives of their students” (Gardner, 2014, p. 109).

Dattilo et al. (2009) conducted a descriptive phenomenological study exploring experienced baccalaureate educators’ perspectives regarding their role experiences. Themes included being passionate about what they do, being harmonious within the workplace, being invested in relationships, and believing in oneself and others. Being flexible, keeping a sense of humor and being supportive of other faculty were also widely cited as attributes of effective and satisfied educators (Brady, 2007; Duphily, 2011; Gardner, 2014; Lee-Lin, 2013).

Several studies confirm the importance of supportive faculty-student interactions in promoting retention in nursing students (Baker, 2010; Shelton, 2013; Stokes, 2003). Thus, it is especially vital to ensure that prospective educators gain a deep understanding of current faculty members’ experiences, and how these experiences influence faculty to remain in their role.

A final theme in Duphily’s (2011) research resonated throughout the literature, as all of the informants in the study said they felt “a sincere love of the job, of imparting knowledge, and that effecting positive change in students’ lives was the reason for becoming and continuing in the educator role” (p. 128). These findings validate the

purpose of this study, as the rich and detailed stories of AD nurse educators are shared to reveal their experiences as they have evolved in their roles; thus enabling prospective nurses to be more informed, and better prepared, to deal with the responsibilities of the nurse faculty role.

Although studies exist addressing the temporal aspect of becoming and being nurse faculty, there are no studies depicting the use of narrative inquiry as a means of exploring how AD nurse educators' ways of knowing have evolved over time. The next section will describe the second commonplace of narrative inquiry, sociality, followed by a detailing of place, the third aspect.

**Sociality/ interaction.** The second commonplace of narrative inquiry is sociality, or the simultaneous interaction between “one’s personal conditions and social conditions” (Clandinin, 2013, p. 40). This study has promoted a greater understanding of how three nurse educators’ experiences over time influenced their ways of thinking. Stemming from Dewey’s (1998) criteria of experience, Dewey asserted that any normal experience is an interplay between one’s external, or objective experience, and one’s internal experience. Dewey (1998) asserted that the interaction between the two forces, also called the personal and social, creates a situation that must be considered in order to fully understand one’s experience. The experiences described by this study’s participants have been based upon the interaction of both external factors (cultural, institutional, familial, and social) as well as personal internal factors (preferences, predispositions, emotions, and moral responses).

The interplay between continuity and interaction is simultaneous and dynamic. Dewey (1998) compared the two as the “longitudinal and lateral aspects of experience” (p. 17). “As an individual passes from one situation to another, his world, his environment, expands or contracts. He does not find himself living in another world but in a different part or aspect of one and the same world” (p. 17). Thus, this study’s participants’ feelings, hopes, and attitudes interacting with the cultural, institutional, and familial aspects in this community college AD nursing program (place), over time (temporality), and how their ways of knowing have evolved through their experiences have been considered using the lens of Belenky et al.’s (1997) *Women’s Ways of Knowing*.

The relational aspects between me, the inquirer, and each of the participants, and how our stories have evolved through the living, telling, retelling, and reliving of these experiences formed an additional aspect of the sociality dimension. As discussed, our ongoing, negotiated relationships were a vital aspect of the narrative inquiry process, and our internal and external factors have been considered throughout the study. The next section discusses place, the third dimension of the metaphorical three-dimensional narrative inquiry space, and will include a detailing of associate degree nursing and the community college setting. As community colleges remain open access institutions committed to serving diverse learners, often with challenging and complex needs, the unique talents and experiences of AD nurse educators are worthy of being recognized and showcased.

**Place.** The third aspect of the three-dimensional narrative inquiry space is place. In their earlier work, Connelly & Clandinin, defined two dimensions of narrative inquiry- temporality and sociality. Clandinin (2013) described how, after several years of educational research in various locations, she and Connelly recognized the importance of the interconnectedness between experiences and the places they occurred (p. 41). Clandinin (2013) asserted that all events take place somewhere, and cites prior research defining place as “the specific concrete, physical, and topological boundaries of inquiry landscapes” (Connelly & Clandinin, 2006, p. 480).

This study focuses on a community college located in northeastern US. American community colleges, in general, possess unique characteristics that add to the importance of this study. Additionally, based upon many external and internal factors, the community college in this study had its own significant set of circumstances which influenced both my own and fellow participants’ experiences. The place in this study was also relevant as there were limited studies examining AD nurse educators’ experiences in the community college setting.

This study has provided a deeper understanding of AD nurse educators’ experiences with the ultimate goal of enlightening and attracting prospective educators to the community college setting. By learning about the unique experiences of being an ADN educator, prospective faculty and other readers gain a greater understanding of this role. The importance of community college education and the open access mission cannot be over-emphasized, and will be further discussed in the next section.

***Community college students and faculty.*** There are over eleven hundred community colleges in the US (AACC, 2015). Over one-third of community college students are the first generation of their family to attend college, and over half of all community college students receive some form of federal, state, or institutional financial aid (AACC, 2015). A large majority of these students work full or part-time, thus many of these students do not have time to engage in extra-curricular college activities (AACC, 2015). Because of these and other life-related factors, it becomes even more important for faculty to promote interaction and engagement with these students (Cohen & Brawer, 2008).

Community college education provides diverse educational opportunities to many students who would otherwise not be able to attend college and, due to the open access mission, community college students have a wide range of prior experiences, learning needs, and styles (Cohen & Brawer, 2008). Thus, nurse educators in the community college setting face unique challenges stemming from the complex mission of the community college involving open access and affordability (Cohen & Brawer, 2008).

Community college nursing programs are a means to attract diverse students from the local community and include a higher representation of minority students in the programs (Mahaffey, 2002). Community college nursing educators often encounter students who are first in their family to attend college, with diverse cultural values and beliefs, as well as job-related and/or family/financial issues which often require additional supportive measures (Jeffries, 2012; Shelton, 2012). Duphily's (2011) study of the experiences of nurse faculty in an ADN program revealed that educators "shared

an acute awareness of the overwhelming responsibility of preparing students with diverse learning needs for entry into the nursing profession” (p. 128).

ADN programs are the most affordable means to become an RN in the state where this study is situated. As a result of the emphasis for the requirement of the BSN, community colleges in this state have strengthened their articulation agreements with four-year institutions offering RN to BSN completion programs. Students are strongly urged to enroll in a BSN completion program; four-year institutions are welcoming of community college ADN students and often accept not just nursing courses and their co-requisites, but also accept general education credits as well. Thus, community college nursing programs continue to have a robust presence in this state.

Due to the unpredictable nature of the educational and economic environment, and the diverse and often complex needs of community college students, leaders must be vigilant and responsive to the dynamic and often challenging, internal and external issues related to community college education. The unique nature of the community college environment underscores the importance of recruiting and retaining effective nursing educators. This study has provided an in-depth understanding of the unique role of ADN nursing faculty in the community college setting.

***Associate degree nursing.*** The first nursing schools in the United States were instituted in the early 1870’s based upon the “Nightingale Model”. These hospital-based schools utilized students to staff the hospitals and supported the notion that service was first, education was second (Faison, 2012). In 1919 the Rockefeller Foundation funded the Committee for the Study of Nursing Education, which in 1923, published the

Goldmark Report to study nursing education in the United States. The report concluded that the quality of existing nursing programs was inadequate, recommending that nursing schools should have the primary objective of education with a recommended time of 28 months to complete training, have separate governing boards, and that future educators would have a university education. As a result, the Yale School of Nursing, the first self-governing school of nursing with its own dean, faculty, budget, and degree meeting the standards of the University was instituted with education being the priority, rather than on hospital service needs (Faison, 2012).

World War II triggered another milestone in nursing education, as the Bolton Act of 1943 provided funding to educate nurses in a shorter length of time through the development of Cadet Nurse Corps. This program accelerated the nursing curriculum from 36 months to 30 months to increase the availability of registered nurses both in the service and in the US, and signified that nursing education could be completed in less than three years.

After the war, supply/demand issues continued to contribute to an already existing nursing shortage. While some military nurses chose to remain in service, many returned home and did not continue their nursing careers. According to questionnaires returned by 31,000 members of the Army Nurse Corps, only one in six expected to return to her prewar hospital position (Kalish & Kalish, 1995, p. 325). Many of the factors causing these nurses to choose not to return to their pre-war hospital based positions are strikingly similar to those factors involved in the modern-day nursing shortage: poor pay, lengthy hours, a lack of respect from other non-nursing professionals, and an emergence of increased options for women in other less demanding career fields (Kalish & Kalish,



1995, p. 325). Adding to the diminished supply of registered nurses, factors related to advances in medical-surgical techniques, expansion and upgrading of hospital facilities, and an increasing number of Americans enrolled in private healthcare insurance programs caused an increase in the demand for registered nurses (Haase, 1990, p. 1).

The critical nursing shortage promoted the Carnegie Foundation to commission sociologist, Dr. Esther Lucille Brown, to study nursing education. Her report *Nursing for the Future* recommended nurses to be educated in colleges and universities, and criticized hospital diploma programs in which students were treated as employees (Brown, 1948). At the same time, the Commission for Higher Education, appointed by President Harry Truman, strongly supported the expansion of community junior colleges with a central mission of serving their local communities (Haase, 1990). The National League for Nurses (NLN) met with the director of the Association of Community Colleges to explore the possibility of educating nurses in these two-year institutions (Orsolini-Hain & Waters, 2009, p. 267).

In 1949, a study group from Teachers College, Columbia University (chaired by sociologist Eli Ginzberg) proposed two levels of nursing practice: practical or technical and professional, each with a different educational path (Committee on the Function of Nursing, 1948, as cited in Orsolini-Hain & Waters, 2009). Influenced by this study, doctoral student Mildred Montag proposed in her dissertation entitled “Education for Nursing Technicians,” that a two-year nursing curriculum for technical nursing be offered in the community colleges (Montag & Gotkin, 1959, as cited in Orsolini-Hain & Waters, 2009, p. 267). Dr. Montag received a grant to conduct a research project based upon her proposal and as part of a five-year project, six colleges in six different states developed

programs based upon two years of instruction, including prerequisites and co-requisites. Faculty focused on specific skills sets including observation, thinking, and judging, and organized nursing content in terms of concepts, principles, and methods (Crocker, 1972, as cited in Orsolini-Hain & Waters, 2009), while recognizing that no nursing program could “teach everything nurses needed to know to begin practice” Crocker, 1972, as cited in Orsolini-Hain & Waters, 2009).

The characteristics of the first community college nursing students were similar to those students enrolling in ADN programs today. Most came from the local community and remained in the community after graduation. Many were considered non-traditional and not-eligible for hospital based programs such the older student, the ethnically diverse student, including men, single mothers, and married women.

The ADN experiment was enormously successful. Compared with the performance of graduates of other programs, 77% of ADN graduates were rated the same or better (Montag, 1973, as cited in Orsolini-Hain & Waters, 2009). Head nurses rated 86% of a sample of 85 nurses from pilot ADN programs as either meeting or exceeding their own standards for staff nursing practice level (Montag & Gotkin, 1959, as cited in Orsolini-Hain & Waters, 2009).

The Nurse Training Act of 1964 further accelerated the growth in the number of ADN programs by providing funding for all undergraduate programs in nursing to curtail the shortage (Haase, 1990). By 1980, 20% of new graduate nurses were being educated by ADN programs. The growth of community college nursing programs grew

exponentially, alongside the enormous growth of the American Community College (Orsolini-Hain, 2009).

*Differentiation in practice.* As a consequence of the options by which a prospective nurse may accomplish the education necessary to take the National Council Licensure Exam (NCLEX) and become a registered nurse, there has been a long-standing debate regarding the differences in practice and ability between the AD and the BSN graduate. In the early 1960s, a preliminary report by the Surgeon General's Consultant Group on Nursing asserted that nurses in leadership positions should have a minimum of BSN preparation (Haase, 1990). Additionally, in 1965, the American Nurses Association (ANA) wrote "the Position Paper" describing the baccalaureate degree as the minimum preparation for beginning professional practice. The NLN document, Resolution 5, was less aggressive, but called for examination of the differentiated functions of the different entry programs (Haase, 1990).

In 1982, the NLN approved the Position Statement on Nursing Roles, Scope, and Preparation, which stated that "professional nursing practice requires the minimum of a baccalaureate degree with a major in nursing and that preparation for technical nursing practice requires an associate degree or a diploma in nursing" (Kaiser, 1983, as cited Mahaffey, 2002). In response, the following year, in a forum at the American Association of Community and Junior Colleges (AACJC) annual meeting, comments were made to emphasize contributions made by ADN education including the vast number of graduates, a higher representation of minority groups and males, and the large number of programs. It was also emphasized that although the original design of AD nursing was for graduates to have different roles, the reality was that AD graduates were

fully licensed RNs in all 50 states. The use of the wording “technical nursing” in contrast to professional nursing was also deemed unacceptable (Mahaffey, 2002).

Over several decades, various committees, legislative groups, and others have been driven to define the difference between the groups. Since Diploma, ADN, and BSN educated nurses are all required to take the same licensure exam, differentiation is difficult to discern at the bedside (Frederickson, 1978, as cited in Orsolini-Hain & Waters). Several states in the northeast US have had pending legislation since the 1990’s to mandate that all registered nurses must have completed the BSN with ten years of graduation. In 2010, the Institute of Medicine (IOM) released *The Future of Nursing: Leading Change, Advancing Health*, detailing the ways in which the nursing profession must respond to the dynamic and complex health care environment. A major recommendation included that “academic nursing leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50-80 percent by the year 2020” (Institute of Medicine of the National Academies, 2010, p. 6). Additional pressure exists on the community level as the local hospitals where this institution is located are focused on hiring BSN graduates, or those nurses actively pursuing the BSN.

The paradox continues as pressure mounts to increase the number of BSN graduates employed as hospital nurses, in spite of the predicted nursing shortage (Benner et al., 2010). In September 2012, a historic agreement endorsed by the American Association of Colleges of Nursing (AACN), the American Association of Community Colleges (AACC), the Association of Community Colleges Trustees (ACCT), the NLN, and the National Organization for Associate Degree Nursing (NOADN) titled “Joint

Statement on Academic Progression for Nursing Students and Graduates” promoted academic progression in nursing in order to fulfill a shared goal to prepare a robust nursing workforce. This agreement marked a significant alignment of shared goals between ADN and BSN education associations and the common belief of lifelong learning in nursing.

AD nursing education plays a vital role in the educational process of registered nurses in the US. Despite challenges such as county and state underfunding, and other internal and external obstacles, AD educated registered nurses comprise the largest majority of the current nursing workforce, while ADN education remains the starting point in the community for diverse learners with varied cultural and socioeconomic backgrounds. As economic challenges continue with student loans and financial aid remaining the norm, AD nursing education continues to provide quality, affordable, and accessible education for prospective nursing students, thus examining AD nurse educators’ stories and how they have evolved through their experiences, is a means to better inform prospective nurse educators and other readers, of what it means to teach in ADN education.

Situated at the center of this study’s conceptual framework, within the three dimensional narrative inquiry framework, of time, sociality, and place, were the research questions of this study. The first research question examined the three educators’ experiences simultaneously through the three dimensions of narrative inquiry, while exploring how the educators evolved in the way they knew their world. The second and the third research questions examined the process and the outcomes of the study, through the telling, retelling, and reliving of the stories, as well how the relationship between the

participants and me, evolved as a result of the study. The next section will detail how Belenky et al.'s (1997) *Women's Ways of Knowing* has been used to understand how the three educators' view of their world evolved through their experiences in becoming, being, and evolving as an AD nurse educator.

### **Women's Ways of Knowing**

Belenky et al.'s (1997) research on women's epistemological beliefs studied 135 women from various contexts, educational settings, and clients from human service agencies. Women were asked about topics including self-image, relationships, decision making, moral choices, personal growth, and aspirations for the future. The researchers explored the means in which women described their ways of knowing and learning. Stemming from Perry's (1970) seminal work involving the development of male students' epistemological beliefs, Belenky et al.'s (1997) study proposed five epistemological perspectives by which women know and view the world. They were: silence, received knowing, subjective knowing, procedural knowing and constructed knowing.

Silence is a perspective in which women see themselves as having no voice or mind, and are completely controlled by external authority (Belenky et al., 1997). Belenky et al. (1997) asserted that there were only two or three out of the 135 research subjects who viewed the world from this perspective. These women generally grew up in isolation, their families were cut off from their communities, and they were raised to not speak with one another, or those outside of the family (p. 32). Some of Belenky et al.'s (1997) subjects had looked back, after evolving, and remembered this time as feeling

“deaf and dumb” (p. 24) and unable to “find meaning in the words of others” (p. 27).

For some of these silent women, having given birth to a child provided them for the first time in their lives with a reason to seek knowledge. Belenky et al. (1997) shared a story of a woman who transitioned to become a received knower, after becoming a mother, as she sought assistance for child care information from a women’s health center.

Received knowing is a perspective from which women learn by listening, not of their own voice, but to the voices of external authorities. They often see the world in black and white terms, such as good versus evil, with no tolerance for ambiguity. In Belenky et al.’s (1997) research, a woman who sought help to take care of her newborn received the knowledge in terms of what was right and wrong, with no ability to generate her own opinion (Belenky et al., 1997, p. 39).

Received knowers believe that the sole source of truth is from authorities. They think that the right answer can only come from an expert, and dismiss any other answers if they contradict the one that the authority believes is correct. These women do not rely on friends for advice, but only the teacher, or other authority figure. They have no capability of generating their own ideas through reflection (Belenky et al., 1997, p. 39), as their focus is on listening or receiving knowledge.

From received knowledge, some women become aware of the limitations of relying on external figures, and begin to abandon their prior way of knowing, seeking truth within their inner voice (Belenky et al., 1997, p. 53). These women move toward subjective knowing, a perspective in which women’s truth and knowledge stem from their personal and intuitive selves. Belenky et al. (1997) described subjective knowers as

women who had once relied on external authority to direct their lives, and have shifted to an “adherence to the authority within us” (p. 54). The authors asserted that although this type of knowing is typically a developmental task achieved in adolescence (Belenky et al., 1997, p. 54) many women in their research spoke of listening to external voices for authority for many years, not finding their own sense of intuition until much later in their lives.

Women who are subjective knowers have a strong conviction that their truth is personal, as it is not necessarily “thought out” (Belenky et al. 1997, p. 69). Their feelings and intuition guide their attitudes as they “distrust logic, analysis, abstraction, and even language itself” (Belenky et al. 1997, p. 71). The authors contended that subjectivist women are on a quest for self. As women begin to trust their own voice, they often sever connections from perceived ties that bind them to their past. Some women leave their families or their communities in some form, as a way to redefine themselves in terms of their new ways of knowing. Belenky et al. (1997) described a woman dealing with the reaction of her family after she returned to school. The woman described her tearful daughter berating her: “You used to stay home to do needlepoint” (Belenky et al., 1997, p. 79).

Belenky et al. (1997) asserted how many women remain subjectivist knowers for the remainder of their lives (p. 75). The researchers also spoke of many women, often who had returned to academic settings, who evolved and became procedural knowers. These women learned that their inner voice of subjective knowing was not always right for them. These women desire to “see things the way they really are” (p. 99) and are attempting to gain control of their lives in a planned, deliberate fashion” (p. 99).



Women who use procedural knowledge are attuned to internal and external events. Processes, skills, and techniques for acquiring knowledge characterize procedural knowledge, which focuses matters more on how one arrives at a decision, rather than the outcome of the decision (Belenky et al., 1997). In addition to Perry's (1970) research, Belenky et al. (1997) drew from Gilligan (1982) and Lyons' (1983) work on moral development involving the themes of responsibility and connectedness, and how women have a greater tendency to view self in relation to connectedness, as opposed to a more masculine view of self in relation to separation.

Gilligan (1982) and Lyons (1983) used the terms "separate" and "connected" to describe two experiences of the self. Lyons (1983) contended that people who experience the self as separate "espouse a morality based upon impersonal procedures for establishing justice, while people who experience the self as connected tend to espouse a morality based upon care" (p. 135).

Belenky et al. (1997) utilized the terms of "separate" and "connected" in regard to how a person knows an object or subject of knowing. Separate knowing is characterized as being detached, tough-minded, and critical; women who are separate knowers believe in impersonal justice and procedures for establishing truth (Nelms & Lane, 1999). Belenky et al.'s (1997) research found that most women who leaned heavily toward separate knowing had recently attended a traditional, elite, liberal arts college and were highly conventional in the ways they met high standards set by their parents and teachers. In some ways, these women violated conventional female stereotypes and chose to "play a game that has belonged traditionally to boys - the game of impersonal reason" (p. 104).

Separate knowers' procedures for making meaning are strictly impersonal, feelings and beliefs are rigorously excluded (Belenky et al., 1997, p. 109).

Connected knowing stems from the belief that most trusted knowledge comes from personal experience rather than from authority (Belenky et al., 1997, p. 112). Empathy and the understanding of one's experience stem from sharing the experience with another, rather than judging the experience. While separate knowers learn through explicit formal instruction how to adopt a different lens, connected knowers learn through empathy. Connected knowing requires caring, patience, and enables collaboration.

Some of the women in Belenky et al.'s (1997) research, regardless of their age and life intentions, were what the authors termed "constructed knowers". These women were articulate, reflective, and self-aware, and struggled to find balance in their lives regarding separateness and connectedness. These women were ambitious and fought to find their own "voice" to express what they understood and cared about. Constructed knowers according to Belenky et al. (1997) "weave together the strands of rational and emotive thought and of integrating objective and subjective knowing" (p. 134). They "move outside the given" (p. 135) and undergo a period of intense self-reflection and self-analysis. "They construct their own ways of knowing and develop a narrative sense of self-past and future. They do not want to dismiss former ways of knowing so much as they want to stay alert to the fact that different perspectives and different points in time produce different answers" (Belenky et al., 1997, p. 136). Constructed knowing integrates separate and connected ways of knowing. In this way, women who are constructed knowers are aware of their own inner voice and seek to balance their knowing with their subjective knowledge and the external world's objective knowledge.

Constructed knowing enables one to understand that ultimately all knowledge is constructed and that answers to all questions vary upon the context and frame of reference of the person asking the question (Belenky et al., 1997, p. 138). “Constructivist women aspire to work that contributes to the empowerment and improvement in the quality of life of others. They integrate feeling and care into their work, and strive to ensure their morals and values are nurtured and cared for in the families and community (Belenky et al., 1997, p. 152).

Several studies have utilized Belenky et al.’s (1997) research as a theoretical framework, including those in the fields of education and nursing. Gallotti, Clinchy, Ainsworth, Lavin, & Mannfield (1999) examined both male and female (predominantly white) students who completed a 50-item survey (with acceptable internal reliability) answering questions pertaining to separate or connected ways of knowing. Females consistently rated connected knowing statements higher than separate knowing statements; males showed a slight, but not significant difference favoring separate knowing statements. Connected and separate knowing scores were found to be unrelated to performance on a variety of cognitive tasks, but were related to some measures of preference, suggesting that ways of knowing may function more as approaches or styles rather than basic abilities (Gallotti et al., 1999, p. 746). An individual’s epistemological approach affects their attitude toward the learning process rather than the amount of learning that occurs (Gallotti et al., 1999).

Clinchy (1996) asserted that the authors of *Women’s Ways of Knowing* did not view one paradigm better than the other, and that both separate and connected knowing are usually present in the same individual. Baxter Magolda’s (1992) longitudinal study

of students' cognitive development drew upon the work of Balenky et al. (1986) and Perry (1970) revealing six principles of which the following pertain to this research study:

1. Meaning making is influenced by an individual's worldview and by interaction with others and depends on the context of an individual's experience.
2. Ways of knowing can best be understood through the principles of naturalistic inquiry, which preserve the integrity of individual stories and experiences.
3. Reasoning patterns may change depending on contexts and over time (Baxter Magolda, 1992, p. 20-23)

These findings underscore my reasons for examining how associate degree nursing faculty's ways of knowing have evolved over time through their experiences as nurse educators in the community college setting. By viewing these experiences through Clandinin and Connelly's (2000) and Clandinin's (2013) narrative inquiry three dimensional framework of time, place, and sociality, this study provides a richer and more contextual view of these experiences.

Morris (1995) explored the lived experiences of effective nurse faculty utilizing a feminist conceptual framework of connectedness, responsibility derived from the ethic of care, and the recycling of, and improvising lessons learned (Bateson, 1989; Belenky et al., 1997; Gilligan, 1982; Josselson, 1987). Themes emerging from the data included how effective nurse-faculty are more likely to be "mid-wife teachers" (Belenky et al.

1997) where the focus on the educational environment is on growth and learning with “connected teaching.” The faculty perceived connectedness as a preferred way of being and whether one is connected or separate may appear to be on a continuum (Morris, 1995, p. 296).

Connected teachers (mid-wife teachers) as discussed by Belenky et al. (1997) focus not just on their own knowledge, but that of their students. They encourage their students to speak in their own voices. Connected classrooms encourage teachers and students to voice their uncertainties so that groups can nurture their thinking and construct truth and meaning through consensus (Belenky et al., 1997, p, 223). “Connected teachers trust their students’ thinking and encourage them to expand it” (Belenky et al., 1997, p. 227).

## **Conclusion**

This chapter has explained how the conceptual framework of narrative inquiry is situated in this study, while considering Belenky et al.’s (1997) *Women’s Ways of Knowing* to better understand how three AD nurse educators have evolved in the way they know and view their world. Clandinin and Connelly’s (2000) and Clandinin’s (2013) three commonplaces of temporality, sociality, and place, have been detailed, along with Belenky et al.’s (1997) five epistemological perspectives. The temporality dimension has been described as the backward and forward (past, present, and future) of becoming, being, and evolving as a nurse educator. The personal and social dimension was described in terms of the interaction between one’s internal and external experiences, and the dimension of place included the community college setting and the college’s AD

nursing program. While each commonplace specifies dimensions of the inquiry and are central to the conceptual framework for narrative inquiry, all three commonplaces are attended to simultaneously to attend to the experiences (Clandinin, 2013). The next chapter will detail the methodology of this narrative inquiry, and will include a discussion of my autobiographical narrative, reasons for undertaking this study, and the philosophical assumptions pertaining to the study.

## **Chapter 3**

### **Methodology**

This chapter will begin by detailing literature supported theoretical rationale and assumptions which provide the basis for my choice of the qualitative research approach of narrative inquiry as a methodology in this research study. I will then introduce seven design considerations (Clandinin, 2013) which informed the planning of this study and was considered throughout the inquiry. Included in this discussion are details of how the participants were selected, followed by a description of data collection, instruments, and the data analysis process. A thorough discussion of rigor, in terms of validity and credibility are also included, along with a discussion of the reasons for this study, the assumptions I bring to this study, and my autobiographical narrative.

#### **Rationale and Assumptions of Narrative Inquiry**

The purpose of this qualitative narrative inquiry study was to enlighten, and ultimately engender connections between associate degree nursing faculty, prospective faculty, and other readers, by promoting a deeper understanding of three faculty's experiences of becoming and being a nurse educator in the community college setting. Utilizing the lens of the feminist theory, *Women's Ways of Knowing* (Baleny et al., 1997), the stories and analysis of three AD nurse educators' experiences has informed, and ultimately increased the awareness of what it means to be an AD nurse educator.

As described in Chapter 2, this study was warranted as there was a gap in the literature regarding the use of narrative inquiry as a method to explore AD nursing faculty's personal and social experiences over time, and how their ways of knowing

evolved in their role. Narrative inquiry, as defined by Clandinin (2013) is “a way of understanding experience. It is collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus” (p. 17).

Through narrative inquiry, the living, telling, retelling, and reliving of stories was used as a method of examining and understanding AD nurse educators’ experiences. Their stories have been shared through conversations in which my role as the researcher was to come alongside the participants and retell or inquire into their stories within the three-dimensional narrative space to unpack the lived and told stories (Clandinin, 2013).

Polkinghorne (1988) in *Narrative Knowing and the Human Sciences* justified narrative inquiry through his research as a practicing psychotherapist and academic researcher. He stated that practitioners are concerned with people’s stories and work with case histories to understand why people behave the way they do. Polkinghorne (1988) asserted the importance of having research strategies that can work with the narrative people use to understand the human world” (p. xi) and affirmed how “narrative is the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite” (p. 13). The author also asserted how practitioners, rather than researchers, have developed a way of understanding and providing guidance regarding human problems through the use of narrative knowledge. The narratives or stories provide the practitioners with explanations as to why people do what they do (p. x).

The use of narrative research as a strategy of inquiry for this study stems from Clandinin and Connelly’s (2000) description that “narrative inquiry is the best way of representing and understanding experience” (p. 18). It involves the collaboration



between “researcher and participants, over time, in a place or series of places, and in social interaction with milieus” (p. 20). As the authors clearly articulated, narrative inquiry is “stories lived and told” (p. 20). As this study has examined how AD nurse educators’ ways of knowing have evolved through their experiences in becoming and being educators in the community college setting, I gathered their stories, composed field texts, and have as Clandinin & Connelly (2000) stated “experienced the experience” (p. 80) of understanding and making meaning of their experiences.

Polkinghorne (1988) described two types of narrative inquiry, descriptive and explanatory. In explanatory narrative research, the point is to provide a narrative account that supplies the event necessary or casual for the outcome under investigation to have occurred (Polkinghorne, 1988, p. 173). This study was explanatory in nature as it sought to understand the experiences of AD nurse educators in the community college setting. Through the lens of feminist research theory and utilizing narrative inquiry methods, the stories of current AD nurse educators’ experiences were explored to gain a deeper understanding of what it means to be a nurse educator and how these educators’ ways of knowing evolved throughout their experience.

In Riessman’s (2008) *Narrative Methods for the Human Sciences*, the author asserted that “narrative constitutes past experience at the same time as it provides ways for individuals to make sense of the past. Stories must be considered in context, for storytelling occurs at a historical moment with its circulating discourses and power relations” (p. 8). Riessman added that “storytelling engages an audience in the experience of the narrator and invites us as listeners, readers, and viewers to enter the perspective of the narrator....it moves us emotionally through imaginative identification”

(p. 9). Thus, the purpose of this study was to promote a deeper understanding of the experiences of ADN educators to prospective nurse clinicians and students. Storytelling and narrative inquiry as a method of analysis has enabled readers to identify and relate to these experiences, using feminist theory as a means of better understanding and identification.

### **Narrative Inquiry in Education and Nursing**

The use of narrative inquiry as a research methodology has been widely documented in educational research, and more recently has emerged in nursing education research as well. Connelly & Clandinin's (1999) early research, *Shaping a Professional Identity*, stemmed from their 20-year collaboration into questions of teacher knowledge. The authors used the term "stories to live by" (p. 4) to help understand how the knowledge, context, and identity of teachers' and administrators' lives are linked and understood narratively. Clandinin & Connelly's (2000) seminal text, *Narrative Inquiry* and Clandinin's (2013) *Engaging in Narrative Inquiry*, provided the basis and coherence of my understanding of the use of narrative inquiry as a methodology in this study.

Nursing education and other social science disciplines have been utilizing narrative as both a data collection tool and a methodology for several years. As qualitative research has evolved and been increasingly accepted as a rigorous method of inquiry, particularly in the social sciences, narrative research has been defined in numerous contexts. For the purpose of this study, as stated, the method of narrative inquiry has been utilized according to Connelly and Clandinin (2000) and Clandinin (2013). Creswell's widely used *Qualitative Inquiry & Research Design, 3<sup>rd</sup> ed.* (2013)

reinforced Connelly and Clandinin's (2000) scholarly work, as he referred to these authors' texts when describing narrative inquiry and referred to the approach as one of the five major approaches of qualitative research. Creswell (2013) also referred to Riessman's (2008) *Narrative Methods for The Humans Sciences* in terms of narrative analysis. This text has served as a guide through the analysis portion of this study and will be discussed later in this Chapter.

### **Distinctions Between Narrative Inquiry and Interpretive Phenomenology**

Narrative inquiry, as defined by Clandinin and Connelly (2000) has been utilized in nursing education research, but warrants further definition as compared with another form of narrative research used in nursing, narrative pedagogy. Narrative pedagogy, (Diekelmann, 2001) a research method of interpretive phenomenology in the Heideggerian tradition, is a way of teaching and learning which focuses on "presenting multiple epistemologies, exploring ways of knowing and practices of thinking, and interpreting as central to understanding the nature of experiences in nursing education" (p. 54). In an attempt to meet the educational needs of nursing in the ever-changing and complex healthcare environment, narrative pedagogy has been widely embraced by the nursing education community, including the nursing program in this study. Thus, I have determined it important to distinguish between the two research methods, and why I have employed narrative inquiry rather than interpretive phenomenology for this study.

Lindsey (2006) compared and contrasted narrative inquiry, situated from the work of Clandinin and Connelly (2001), with Diekelmann's (2001) interpretive phenomenology approach of narrative pedagogy, as a means of defining how each

approach studies experiences in nursing education research in distinctly different ways. Lindsey (2006) recommended that “in order to choose a research method, it is important to understand the difference between storying experience of others phenomenologically, and narratively reconstructing experience through stories that include the researcher’s autobiography” (p. 44). While both approaches examine experiences, one of the fundamental differences is in the way that experience is viewed.

Narrative inquiry sees experiences in time, while phenomenology sees experiences as they are becoming. Narrative inquiry is based upon viewing experience as a “cumulative series of interactions....a product of one’s continuous interaction of self and the world” (Dewy, 1934, as cited in Lindsay, 2006). Stories in Diekelmann’s phenomenological research are in a data bank, without time. They are waiting for interpretive analysis while narrative inquiry involves stories that have a temporal nature (Lindsay, 2006). Thus, in this study, I sought to gain a greater understanding of AD nurse educators’ experiences and ways of knowing over time; the temporal nature was a key concept of this study.

Another important distinction between narrative inquiry and Diekelmann’s phenomenology is regarding the relational nature between researcher and participant. In narrative inquiry, as stated, my role is one of co-participant and my relationships with the participants are an “ongoing, temporal part of the situation being studied” (Lindsay, 2006, p. 36). In Diekelmann’s research of phenomenology, the researcher is separate from the participants. The researcher brings out his or her own preconceptions and understandings, but is to consider the stories of the participants as being distinctly separate and not intrinsically linked in the stories described in the inquiry. As stated, the

relational nature between me, the inquirer, and the participants was another key component in the research puzzle and conceptual framework.

While both methods of inquiry involve conversations regarding one's life experiences, the purpose of each type of research, and how the data is used, distinguishes each method from the other. Phenomenology is concerned with the interpretations of stories with shared and recurring themes; narrative inquirers are concerned with a person's construction of knowledge from their reconstruction of experiences (Clandinin and Connelly, 2000, as cited in Lindsay, 2006). The way the data is used also differs between the two approaches. In narrative inquiry, the inquirer begins with an autobiographical narrative, and uses a journal as a reflective tool which becomes part of the data and is incorporated in the findings of the study. The phenomenological researcher maintains a journal to assist their understanding as it relates to interpretation of texts (Lindsay, 2006, p. 41).

A final and important distinction as it related to this study was regarding the goals and outcomes of each type of research. The goal of this study was to enable prospective educators, and other readers, to gain a deeper understanding of the experiences of AD nurse educators. In narrative inquiry, co-participants explore experience for "meaning-making, knowledge construction and living a life in more awareness" (Lindsay, 2006, p. 41). In contrast, phenomenology seeks understanding through description of shared experience; interpretation leads to identification of patterns and themes (Lindsay, 2006, p. 42). This study has explored the experiences through the stories of three educators based upon the commonplaces of time, place, and interaction. Clandinin and Connelly (2000) said it best as they suggested that "when well done, narrative inquiry offers readers a

place to imagine their own uses and applications” (Clandinin and Connelly, 2000, as cited in Lindsay, 2006, p. 41-42).

### **Seven Design Considerations**

Clandinin (2013) described seven design considerations that researchers must be mindful of during the planning phase of a narrative inquiry research study, and should continue to be considered as a guide throughout the research process. The first four considerations involved the planning and framing of the research “puzzle”, the relational aspect between me, the inquirer, and the participants, the gathering of data or field texts, and the transition from field texts to interim research texts. The fifth, sixth, and seventh considerations emphasized the ongoing relational aspect of the inquiry as the researcher and participants co-compose the research text while considering the three dimensions of the inquiry space.

The following sub-sections will depict the strategies of this narrative inquiry study based upon the seven design considerations. I will detail the selection of participants, methods of data collection, interview protocol, and describe how I conducted rigorous data analysis while considering validity and trustworthiness throughout the study. The final sub-section will detail the relational aspects of this inquiry followed by a discussion regarding my autobiographical narrative and my philosophical assumptions as they related to this study.

**Research questions.** In this study, the term research “puzzle” was used interchangeably with research “questions” and reflected the nature of thinking narratively. Clandinin’s (2013) first design consideration described how a narrative

inquiry study is not looking for specific answers to research questions, but rather “experiencing the experience” in relation to participants (Clandinin, 2013, p. 43). This entailed how I, as the inquirer, had been searching and re-searching (Clandinin & Connelly, 2000, p. 124) throughout the study to reveal the experiences of AD nurse educators, rather than seeking solutions or answers.

Thinking narratively in terms of the research questions or puzzle was also reflected in the way in which this study’s research questions were written; they were broad, asking “how” questions rather than “what” or “why”. I conducted open-ended interviews, followed by several conversations between each participant and myself, which focused upon amplifying and clarifying meanings of what was said and heard, while we considered and negotiated our ongoing relationships.

Research questions:

1. How have the ways of knowing of AD nurse educators in this study evolved over time in relation to becoming and being nursing faculty in the community college setting?
  - a) What are the experiences that led the AD nurse educators in this study to become and remain faculty in the community college setting?
  - b) How have these experiences influenced their ways of knowing?
2. How did the telling, retelling, and reliving affect the stories of their experiences?
3. How did the relational aspect between me, the inquirer, and the participants evolve throughout the study?

**Participants.** As reflected in the research questions, I have explored the experiences of AD nurse educators and how their ways of knowing have evolved over time. Thinking narratively, I also sought to understand how the ongoing relationship between me, the researcher, and the participants evolved through the inquiry process. Clandinin's (2013) third design consideration considered the importance of the ongoing negotiations between me, as researcher, and the study's participants, while also detailing the techniques of data collection.

Clandinin & Connelly (2000) described the close relationship that develops between the researcher and the participant(s) and how "tensions of how to experience the experience as a narrative inquirer are always present" (p. 81). The authors asserted how narrative inquirers must become fully involved with their participants, yet they must also step back and "see their own stories in the inquiry, the stories of the participants, as well as the larger landscape on which they all live" (p. 81). Creswell (2013) described how important it is to find individuals that are accessible, willing to provide information, and will "shed light on a specific phenomenon or issue being explored" (p. 147). In contrast, Gergen (1994) as cited in Creswell (2013) stated how narrative researchers should "focus on the stories to emerge, recognizing that all people have stories to tell" (p. 150) rather than focusing on which individuals will participate.

Considering these ideas, I asked three fellow nursing faculty members of my department to be participants in the study. Gergen (1994), as cited in Creswell (2013) suggested that narratives "come into existence not as a product of an individual, but as a facet of relationships, as a part of culture, as reflected in social roles such as gender and age" (p. 150). Because of my role as a nursing faculty member, I was already part of the



experience. “The narrative researcher’s experience is always a dual one, always the inquirer experiencing the experience, and also being part of the experience itself” (Clandinin & Connelly, 2000, p. 81). Additionally, as stated, qualitative research and the use of storytelling is not unfamiliar with this group of nursing faculty; the use of Narrative Pedagogy (Diekelman & Diekelman, 2009) as a means of teaching, learning, and knowing through the use of stories had been widely embraced throughout the department for nearly a decade.

The choice of which faculty members to work with was another issue to contend with. Clandinin & Connelly (2000) described how narrative inquirers must constantly negotiate their relationships. The ongoing relationship and continual accounting and reviewing of one’s work with participants can have a direct impact of how the experiences shape themselves in the field (p. 73). When determining the participants for this study, a major consideration was to engage faculty who would be fully willing to commit to the inquiry process.

To address this concern, I provided a thorough explanation of the research questions, ensuring that participants understood the nature of the study. While there was minimal risk involved in this study, participants were informed of the time and depth of thought required during our conversations, as well as the additional time spent during the re-reading, member checking, and analysis process. I informed each faculty member of my belief that each would gain their own insights as a result of participating in the study, while sharing their stories to enable others to gain a greater understanding of their experiences in becoming and being AD nurse educators.

**Sampling.** The sampling method for this study was theory-based or operational construct sampling (Patton, 1990) and included a sample size of three participants. “Narrative research is best for capturing the detailed stories or life experiences of a single individual or the lives of a small number of individuals” (Creswell, 2013, p. 74). Theory-based sampling includes “people on the basis of their potential manifestation or representation of important theoretical constructs (Patton, 1990, p. 177). In this study, three participants were selected based upon the length of time they have been nursing educators. “The sample becomes, by definition, representative of the phenomenon of interest” (Patton, 1990, p. 177).

This study explored the experiences of becoming and being an AD nurse educator in the community college setting and how the participants’ ways of knowing evolved through their experiences. As the construct of time was an aspect of this study’s theoretical framework, the length of time as an educator was a factor in the participant’s stories. This type of sampling was chosen based upon findings from prior course work through Rowan University, as well as research findings from peer-reviewed nursing research studies.

In two of my previous Rowan courses: Qualitative Methods and Mixed Methods Research, I interviewed and later surveyed BCC nursing faculty members and found that differences existed among faculty in regard to their perceptions regarding their interactions with students. Faculty who had been educators more than ten years tended to view their boundaries with students as more rigid in nature than those faculty teaching less than ten years, are more influenced by situational factors (the student and the

setting), and are less inclined to offer psychological supportive measures than functional support (Ross, 2012; Ross, 2013).

Considering these differences, I asked three faculty members of my department with whom I could envision a sustained working research relationship, while considering differences in length of time in the AD nurse educator role, to participate in this study. Since all members of the nursing faculty were female, the selection pool was limited to females with various years of educator experience. Gardner's (2014) phenomenological study examined nurse educators' experiences of learning to teach and become an effective educator, and utilized Benner, Tanner, & Chesla's (2009) suggestion that five years is the "minimum timeframe most likely to include competent, proficient, and/or expert nurse educators (p. 107). Thus, at the time of interviews, the newer faculty participant had approximately four to five years of experience as a full-time AD educator, the mid-career faculty member had been a full-time AD nurse educator for approximately 10 years, and the most seasoned faculty member had been in the full-time AD faculty role for over 20 years. Each faculty member had also served for a number of years as a part-time clinical adjunct prior to becoming full-time.

As stated previously, this study took place in the community college setting. At the time of the data collection phase, the participants and I were all nursing faculty members in an AD nursing program serving 450+ students each semester. The college served 14,000+ full and part-time students/per year, mainly from the county in which it is located. The main campus was in a sprawling suburban location; there was also a branch campus in a nearby suburban location, and several higher education centers in the more urban sections of the county.

For five years prior to this study, the college had experienced enormous leadership and financial challenges resulting in major changes and the restructuring of organizational processes. There was an interim president, replaced by a permanent president, and two different vice presidents of educational services, as well as an almost completely new group of board of trustees. Furthermore, due to fiscal challenges, in spite of the growing number of students in the nursing program, at the time of this study, retiring faculty members and office staff had not been replaced with new hires. As a result, many adjunct faculty were being utilized to cover clinical placements, the administrative work of full-time nursing faculty had steadily increased, and faculty often felt compelled to promote student retention and success with less organizational resources.

The nursing program had also been experiencing increased demands from external clinical agencies regarding clinical requirements for students, and had also been under inordinate pressure to legitimize the worth of the ADN program. As discussed in Chapter 2, pending legislation had been in existence to mandate nurses to complete their baccalaureate degree within 10 years of graduation, thus, most local clinical agencies in the area were not hiring ADN graduates unless they were in the process of pursuing the BSN. Thus, administrators and faculty of ADN programs felt the ongoing burden of justifying the need for their existence.

The ADN program in this study had enjoyed a strong and positive reputation in the community and was a major feeder of students to other departments in the college. The program had been designated the coveted award of a Center of Excellence by the NLN in 2009, and was re-designated in 2012. All faculty members were Master's-

prepared, as required by the State Board of Nursing, and more than half of the faculty had earned the certification of a Certified Nurse Educator through the National League for Nursing.

The nursing program was one of the most expensive programs in the college, primarily due to lab and clinical expenses. Thus, during the time of this study, along with the ordinary challenges facing ADN educators, including retention and promoting success in diverse learners, declining funding from both state and county sources continued to create enormous pressure and strain throughout the college, and within the nursing department. These factors will be considered and the implications further discussed in later sections of this study.

**Relationships and informed consent.** An additional consideration in this study involved the negotiation of relationships. Clandinin & Connelly (2000) asserted how “relationships need to be worked at” (p. 73) and how the narrative inquiry process required an ongoing accounting of the researchers’ work to their participants which leads to the continuous process of “clarification and shaping of purpose” (p. 73). “Collaboration occurs from beginning to end in narrative inquiry, plot outlines are continually revised as consultation takes place over written materials and as further data are collected to develop points of importance in the revised story” (Connelly & Clandinin, 1999, p. 10).

Therefore, a key piece in the informed consent process included a clear explanation not only of the purpose of this research, but of the expectations regarding time commitment and for the participant’s willingness to be open to the possibilities that

may be revealed through the research process. This involved a detailed explanation of the research questions, the narrative inquiry process, and the concepts used in *Women's Ways of Knowing* (Belenky et al, 1997).

**Data collection.** Data collection in this narrative inquiry study involved studying both the experiences of the participants and my own experiences through the gathering, composing, and creation of field texts, a term utilized to represent various forms of data (Clandinin & Connelly, 2000; Clandinin, 2013). The term “field” has been described as the ongoing relational inquiry space (Clandinin, 2013) where I listened to nursing faculty tell their stories while “living besides participants as they live” (Clandinin, 2013, p.45).

Clandinin (2013) described how participants were encouraged to tell their stories through “conversations” in addition to semi-structured interviews with pre-determined questions. Conversations were utilized to construct a space for the stories of both the participants and researchers to be composed and heard, and were not guided by pre-determined questions or with the intention of being therapeutic, resolving issues or providing answers to questions (Clandinin, 2013, p. 45).

In addition to the use of conversations and interviews, field texts were also obtained through field notes and journals composed by the participants and myself, as well as artifacts that enhanced the expression and understanding of the participant's experiences. Artifacts that were used included photographs, documents, and awards. “Sometimes artifacts serve as triggers for telling stories and are not themselves part of the field texts” (Clandinin, 2013, p. 46).

**Interviews.** I met each participant at mutually convenient times, in a quiet area, without interruptions, on the college campus. Each interview was tape-recorded; I intermittently jotted down my thoughts and feelings during the interviews as well. The three-interview series (Seidman, 2006) was utilized as a guide in conducting the initial encounters. Patton (as cited in Seidman, 2006) asserted how “people’s behavior becomes meaningful and understandable when placed in the context of their lives and the lives of those around them. Without context, there is little possibility of exploring the meaning of an experience” (p. 17). As a validation strategy, prior to the initial interviews, I pilot tested (Creswell, 2013) the interview protocols with a nursing faculty member who was not part of the research study.

The first interview included predetermined open-ended questions directly related to my research questions “as a starting point to build upon and explore participants’ responses” (Seidman, 2006, p. 15). The participant’s life history was explored as it pertained to the study. Questions such as “how did you decide to become a nurse educator” enabled the participant to “reconstruct and narrate” (Seidman, 2006, p. 17) the varied personal and professional events which led them to their choice of becoming a nurse educator in the community college setting. Questions and scenarios which encouraged participants to share stories depicting how they viewed knowledge, and the ways in which they dealt with various situations, were also included.

The second interview built upon responses from the first interview and asked participants to focus on specifics related to their present experiences (Seidman, 2006) in their role as nurse educator. During this interview, opinions were not solicited, but rather, the details about what led faculty to become educators, as well as details about

their daily experiences in their role. Obtaining a description of details allowed each participant to place her experiences in a social context for meanings from which to be drawn (Seidman, 2006).

The third interview made meaning of the first two interviews by focusing on the participants' understanding of their experiences. I asked questions such as "how have the factors which led you to become a nursing faculty interacted to bring you to your current role as educator in the community college setting?" "How has your thinking and your way of knowing your world evolved?" Although participants were making meaning of their experiences in an orderly manner throughout the interview process, the third interview was primarily for the participant and myself to reflect and make sense of the experiences (Seidman, 2006). This included questions involving participants' view on how their knowledge and ways of knowing have evolved over time.

After each interview, I transcribed the taped conversations while journaling my thoughts and feelings regarding what was said, as well as the process and how the stories were told. In addition to the predetermined piloted open-ended questions for each interview, prior interviews spawned further questions for clarification purposes. I conducted additional conversations based upon the stories collected while also considering a framework of analysis described by Clandinin and Connelly (2000) as a three-dimensional narrative inquiry space (p. 49). Derived from Dewey's theory of experience and the ideas of situation, continuity, and interaction, Clandinin & Connelly (2000) described experience as being irreducible, in that as a researcher, I could point to a faculty member's experience as a singular entity that led them to become educators. As stated, the authors detailed a metaphorical three-dimensional narrative inquiry space:



personal and social (interaction), past, present and future (continuity- temporality) and the notion of place (situation) which comprised this study's conceptual framework.

**Data analysis: field texts to interim research texts.** Clandinin's (2013) fourth research design consideration detailed the process of data analysis which involved transitioning from gathering of field texts (data) to interim research texts. Clandinin (2013) asserted how there is no "linear unfolding of data gathering to data analysis to publishing research findings" (p. 49). As mentioned, the intersubjective, relational manner in which researchers live and work with participants promotes a co-composing of field texts and research texts. In this study, I composed narrative accounts of participants' experiences compiled from reading and rereading transcriptions of interviews and conversations.

Clandinin and Connelly (2000) asserted that research texts grow out of field texts (data) due to the "repeated asking of questions concerning meaning and significance" (p. 130). As part of the analysis process, coding and subcoding schemes (Saldaña, 2009) were utilized as a means of thinking narratively while reading, rereading, and analyzing field texts. I continually searched for patterns, threads, tensions, and themes across participants' experiences. Each participant's field texts were initially coded in terms of chronological order (time) and one's experiences of becoming a nurse educator. The experiences of being a nurse educator in terms of the early years of being an adjunct and then in the full-time faculty role were then coded. Subsequently, I coded in terms of themes of being a novice educator, and evolving as a nurse educator, incorporating themes of the place, and personal-social dimensions.

The analysis and interpretation of the three educators' stories of their experiences as nurse educators in the community college setting have been framed upon the concept of becoming over time. Clandinin and Connelly (2000) reinforced the notion that narrative inquirers understand they must "write about people, places, and things as becoming rather than being" (p.145) and that the "task is not so much to say that people, places and things are this way or that way but that they have a narrative history and are moving forward" (p. 145). The authors also asserted that the relation of person and place must be related to context now, in the past, and in the future (p. 146).

As I worked alongside the participants, I actively considered how my own preconceived notions may have influenced the way I perceived their stories. I spent many hours thinking and journaling about my own experiences, and how this research process has affected not just the way that I view the participant's stories, but also, how my perceptions and experiences may have changed in my own stories. To ensure that I was hearing what was intended to be told, I met with each participant to reconstruct their experiences in the way they believe they occurred. Because of the ongoing, negotiated relationships between the participants and myself, there were points where findings and interpretations were clarified.

Woven through the reading and re-reading of the interim research texts, Reissman's (2008) concept of "thematic analysis" (p 53) was considered. Thematic analysis places content as the exclusive focus where stories are kept "intact by theorizing from the case rather than from component themes or categories across cases" (Reissman, 2008, p. 53). This research has focused on unpacking the stories of nurse educators, what experiences led them to their faculty role, and how their ways of knowing have evolved

through the experiences. The use of thematic analysis stressed “what is said” with the intent of the faculty members’ stories “creating possibilities for social identities and group belonging” (Reissman, 2013, p, 54).

**Data analysis: interim research texts to research texts.** The fifth design consideration involved moving from the interim research texts to research texts and has been described as a complicated and iterative process full of twists and turns (Clandinin, 2013, p. 49). As the research texts were considered through the lens of the three-dimensional narrative inquiry space, I moved further and further, understanding the multiple meanings and interwoven experiences described by the participants to illustrate their personal experiences of becoming and being nurse educators in the community college setting. Embedded in this process was a chronological ordering of events and experiences to capture the meaning of participants’ life experiences leading them to become nurse educators, and how their experiences in the nurse educator role related to their ways of knowing (Kelly & Howie, 2007; Reissman, 2008).

The findings detailed in Chapters 4, 5, and 6 consider the research questions while addressing the purpose of this study; to provide a deeper understanding of the AD nurse educator’s experiences in the community college environment. “Final research texts do not have final answers, because narrative inquirers do not come with questions. These texts are intended to engage audiences to rethink and reimagine ways in which they practice and the ways in which they relate to others” (Clandinin, 2013, p. 51).

**Validity and trustworthiness.** In regard to narrative research, Riessman (2008) asserted there are two levels of validity important to consider: the story told by the research participant and the validity of the analysis, or the story told by the researcher (p. 184). Additionally, Riessman (2008) asserted how no formal rules exist for validation in narrative research, however researchers must “attend closely to the methods they are using for arriving at valid interpretations of the type of narrative data they are collecting” (p. 186). My study has addressed the notion of validity by making the methods of inquiry explicit; I have described in detail each step of the data collection and analysis process to demonstrate how I have arrived at my findings.

Reissman (2008) stressed the importance of demonstrating how one has developed and used methods appropriate to their research questions, their epistemologies and situated perspectives (p. 188). The goal is for the researcher to be able to construct an interpretive account of his/her findings through the use of stories (p. 188). My research has addressed the experiences of nursing faculty and how their ways of knowing have evolved through their experiences. As Reissman (2008) suggested, from a social constructionist perspective, verifying the facts of reported events are far less important than understanding the meanings of narratives for individuals and groups. Denzin (as cited in Reissman, 2008) discussed the importance of the process by which the interpretation of the analysis can be supported rather than the truth of the events described by the participants.

Creswell (2013) viewed validation in qualitative research as a means by which researchers utilize accepted validation strategies to document the accuracy of their studies (p. 250). Prolonged engagement and persistent observation (Creswell, 2013) was a

central validation strategy in my research study. As I entered the data collection phase, I began to “live alongside participants” (Clandinin, 2013, p. 45). This involved initial interviews followed by an ongoing process of conversations including the “living and telling, retelling, and reliving” (Clandinin, 2013, p. 44) of participants stories over the course of approximately one year.

My relationship with the participants was a significant construct throughout this study as I interviewed fellow nursing faculty with whom I have worked alongside for several years. This relationship was made explicit throughout the study in terms of how my familiarity with the participants affected the interview process, as well as how I interpreted the participants’ stories. As stated, Clandinin (2013) stressed how the researcher must engage in an autobiographical narrative as a starting point of the research process. As mentioned, throughout this study, I journaled while considering how my own experiences in my current role may have influenced my understanding of the participant’s conversations.

In addition to understanding the culture in which the participants work, I have been a nurse for over 30 years and have reflected upon my personal and professional experiences which led me to become a nurse educator. The intersubjective relationship between researcher (inquirer) and participant is evident; the stories that are lived and told are always a co-composition between researcher and participant (Clandinin, 2013, p. 24). Thus, my close relationship with the participants and insight of my own lived experiences enabled this study to demonstrate validity in terms of data collection and analysis.

Another aspect of narrative inquiry methodology which promoted accuracy or validation is member checking (Creswell, 2013). Throughout the inquiry process, as I composed field texts with participant's stories, I often returned to participants for verification. "Bringing back interim research texts to further engage in negotiation with participants around unfolding threads of experience is central to composing research texts" (Clandinin, 2013, p. 47).

Reissman (2008) discussed trustworthiness in terms of coherence and how well the stories connect. In this study, this entailed reading, analyzing, and making sense of each educator's narratives, looking for gaps and inconsistencies. Reissman (2008) stressed how making sense of stories that converge as well as those that diverge will support the trustworthiness of a study, and that good narrative research persuades readers (p. 191). This is evident as both the positive and negative accounts of participants are shared, including my alternative interpretations to the participant's stories.

The use of journaling throughout this study has also strengthened the trustworthiness of the process. Reissman (2008) asserted how ongoing journaling inspires reflexivity of the methodology and the researchers' reflexivity or self-awareness of the decisions made during the research process. "Keeping in consideration that narratives collected and interpreted can have shifting meaning over time, students must concisely document the processes used to collect and interpret data in order to ground their claims for validity" (Reissman, 2008, p. 193).

The next section includes an overview of how my autobiographical narrative has been utilized along with the use of a journal to promote ongoing reflection and processing

throughout the course of this study. A discussion of my experiences which led me to this research study followed by my philosophical assumptions as they pertain to this study will also be detailed.

**My autobiographical narrative.** Clandinin's (2013) second design consideration detailed how I, the inquirer, must think about my own experiences, and write an autobiographical narrative inquiry as I moved into the spaces of the participants. This has enabled me to bracket my experiences (Creswell, 2013), and to justify my personal reasons for the research study (Clandinin, 2013). Clandinin (2013) described how narrative inquirers attend through the three-dimensional narrative inquiry space to our own experiences, and "may reach back as far as childhood to understand and, at times, to name our research puzzle" (p. 55). This is the place where my personal, social, and political contexts that have shaped my understandings are made evident.

Clandinin (2013) asserted that the initial inquiry into who I am, and who I am becoming through the narrative inquiry provides the personal, practical, social, and theoretical justifications for this study. "Because narrative inquiry is an ongoing reflexive and reflective methodology, narrative inquirers need to continually inquire into their experiences before, during, and after each inquiry (Clandinin, 2013, p. 55). As stated, my ongoing inquiry has also provided a means for validity of the study.

**Journaling.** At the commencement of this inquiry, I began journaling my thoughts and ideas. After much reflection, I wrote a detailed autobiographical narrative about my experiences in becoming a nurse, becoming, and being an AD nurse educator, and my perceptions as to how my ways of knowing have evolved through my

experiences. I also considered the reasons why I chose this topic and methodology for my doctoral dissertation.

As I worked alongside the three participants, I journaled regularly, considering how our relationships were evolving, and how the telling, retelling, and reliving of their stories were influenced by the research process and the dynamics of our relationships. Ongoing reflection and journaling enabled me to step aside, gather my thoughts, and make meaning of the narratives, while considering the evolution of my relationship with each participant. In the next section, the reasons for this study will be discussed, followed by my philosophical assumptions as they pertain to this study.

### **My Reasons for This Study**

When I became department chair of my college's associate degree nursing program and began interviewing applicants for prospective full-time and part-time nursing positions, one of the first questions posed to each applicant was "why do you want to be an educator at this college?" Invariably, applicant's answers would be "I have always wanted to teach", "I want to pay it forward to new nurses", or "I remember how much I learned from my clinical instructor when I went to school." I found myself wanting to have the time to listen to longer explanations to better understand the nuances and details of the experiences which led these clinical specialists to seek out the immensely challenging and fulfilling nurse educator role in the community college setting. Unfortunately, primarily due to time issues, I was unable to listen to the in-depth stories of each individual candidate.



In addition to gaining a better understanding of these experiences, I also thought about the enormously dynamic and intelligent group of faculty with whom I work. I remember how in awe I was to be among fifteen brilliant and talented women during my first faculty meeting as a full-time nursing educator. Years later, as I reflected back to the beginning of my career as an educator, I thought about how much I have learned and grown as a result of my experiences, and how my ways of knowing have evolved as result of these experiences.

Additionally, while there are various employment options available to master's-prepared nurses in this community, a large majority of my fellow faculty members have been employed as AD nurse educators by the institution for many years. This stability speaks to the tenacity and perseverance of these faculty members, and suggests there are internal rewards associated with these experiences. This study, through participants' stories, has allowed clinical nurses, students, and other readers, to acquire an insightful view of what it means to be an AD nurse educator in the community college setting.

### **Philosophical Assumptions**

As a researcher, I relate to some of the aspects of the interpretive framework of social constructivism, as well as postmodern perspectives including feminist theories. Social constructivism, often described as interpretivism (Creswell, 2013; Denzin & Lincoln, 2011; Mertens, 2010) enables the researcher to “seek understanding of the world in which they live and work” (Creswell, 2013, p. 25). The ontological beliefs of social constructivism include the understanding of multiple realities which are constructed through lived experiences and interactions (Creswell, 2013; Guba and Lincoln, 1994, as

cited in Denzin & Lincoln). As this study has examined three AD nurse educators' experiences and how their ways of knowing evolved over time, there is minimal focus on multiple realities, but rather the experiences and stories of three educators and how their ways of knowing have evolved through their experiences. Clandinin (2013) argued that experience is "always more than we can know and represent in a single statement, paragraph, or book" (p. 15).

Clandinin (2013) asserted that continually working from a relational ontology is fundamental to narrative inquiry. This entailed me, as the researcher, to become a co-participant and work alongside fellow faculty members, reconstructing their experiences and stories in order to reach prospective educators and enable a greater understanding of their experiences as nursing faculty members.

The epistemological beliefs of social constructivism consider how the relationship between the researcher and the participants are "interactively linked so that findings are literally created as the investigation proceeds" (Guba and Lincoln, 1994, as cited in Denzin & Lincoln, p. 110). The relational aspect was demonstrated in this study as I have lived alongside participants and worked to "shape time, places, and spaces where we come together and negotiate ways of being together and ways of giving accounts of our work together" (Clandinin, 2013, p. 14). Thus, the process of gathering, composing, and creating field texts and then composing research texts was constructed through the relationship between me, the inquirer, and the participants.

Feminist research also played a role in this study. As discussed earlier in the subsection on sampling, all nursing faculty in this AD nursing program were female.

Nursing has been and continues to be comprised of a majority of females. For the purposes of this study and to better understand experiences of the participants, Belenky et al.'s (1997) research was used to gain a deeper understanding of how AD nursing faculty's experiences related to their ways of knowing. This stemmed from my own perception of how my ideas, thoughts, and ways of knowing and dealing with various situations evolved over time. I believe that by utilizing feminist research, deep understandings have emerged which enable prospective nurse educators and other readers to gain greater insight as to how AD nurse educator's experiences have influenced the way they think.

Creswell (2013) reinforced the role of feminist theory, as he discussed Stewart's (1994) assertion that researchers need to "consciously and systematically include their own roles or positions and assess how they impact their understandings of a woman's life" ( p. 30). Through the method of narrative inquiry, the co-construction of the lived, told, retold, and relived stories of the educators' experiences were created to enable prospective educators and other readers a deeper understanding of their experiences, and how their ways of knowing have evolved.

## **Conclusion**

This chapter has detailed the theoretical rationale and assumptions of using narrative inquiry as a methodology in this research study. The seven design considerations (Clandinin, 2013) were described in terms of participant selection, data collection and the data analysis process. Validity, credibility, and trustworthiness of this study was detailed, followed by a discussion of my autobiographical narrative, the

reasons for this study, and the philosophical assumptions pertaining to this study. In the next chapter, the narratives of the three participants will be presented in terms of temporality, sociality, and place. Chapter 5 will detail the analysis of the narratives, followed by a discussion of the research questions in Chapter 6. The implications inferred from this study, and final conclusions will be presented in Chapter 7.

## **Chapter 4**

### **Narratives**

This research has revealed, through the sharing of stories, the personal and social experiences of AD nurse educators in the community college setting and how their way of knowing their world evolved through their experiences over time. After many hours of semi-structured interviews and follow-up conversations with each participant, my quest of turning field texts into interim texts required additional conversations and a revisiting of my own perspective as both an AD nurse educator, as well as the inquirer of this study. As the interim and final research texts were written, I was reminded of the fluidity, greyiness, and somewhat uneasiness of narrative inquiry. There were times that I found myself shifting backwards and forwards and inward and outward simultaneously as I sorted through the richly insightful descriptions and understandings of the participants.

Clandinin & Connelly (2000) referred to the experience of what is involved in the shaping of narrative inquiry texts as being like a “soup” (p. 155). There are parts of the research texts that can be compared to ingredients in a “rich steamy soup filled with various chunks and pieces of vegetable, rice, and noodles, spiced with herbs, salt, and paper” (Clandinin & Connelly, 2000, p. 155). This analogy helped me to better understand and explain the composition of the research texts of this study which included a “rich description of people, places and things” (Connelly and Clandinin, 2000, p. 155), along with valid arguments devised to best understand the relationship between the people, places, and things. Narratives have been woven through to support and demonstrate descriptions and the accompanying well-constructed arguments.

This chapter depicts the stories told, retold, and relived of Nora, Ellen, and Lauren's experiences in becoming a nurse, and then becoming, and evolving as a nurse educator. Each participant had their own unique story, although common themes existed, and will be further discussed in Chapter 5. The purpose of this research study was to provide a greater understanding to prospective educators and other readers, through the three-dimensional landscapes of narrative inquiry, of what it means to be an AD nurse educator in the community college setting.

### **Nora**

When you think of all of the lives you touch. It is not just students, it is the patients that they care for when you are with them, and it is all of the patients they will care for. The number of lives you touch in the present and the future is immeasurable (4-3-15 interview).

At the time of this research study, Nora was a registered nurse for over 43 years and had been employed at this college as a nurse educator for 29 years. Nora's credentials included a BSN, a Master's in Nursing Science (MSN) and had recently earned a Doctor of Nursing Practice (DNP). Nora also earned a post graduate Nurse Practitioner (NP) Degree and attained a Certification as a Nurse Educator (CNE) through the National League for Nursing. At the time of this study, she was a full professor in rank at the college.

I asked Nora to be a participant in this study as I had enjoyed a close collegial relationship with her since I became a full-time faculty member eight years earlier. Nora and I had also bonded through our experiences as she had recently completed a Degree of

Doctor in Nursing Practice while I was simultaneously pursuing the Ed.D. Nora and I had shared many moments and conversations throughout my tenure at the college. She was a past department chair, had taught the cardiovascular nursing content (the content that I taught once hired) prior to my arrival, and continued to be a highly valued colleague to me. Nora is one of the people that I trust implicitly. I could always rely on Nora for her advice, and believed that she would always provide honest, logical, and practical input. I continue to value Nora's friendship immensely.

At the commencement of the interviews, Nora made it clear that she had been considering retirement in the coming year. The day of our second interview, Nora formally announced her retirement after 29 years at the college. This was especially pertinent to this study as I believe and Nora has validated, that our interviews permitted her the ability to take time for much needed reflection during this intense time of change. Since Nora and I shared a strong and collegial working relationship, our time together was quite cathartic for Nora and even more energizing for me, as well as helping me to accomplish my research goals. I greatly enjoyed our time together and learned an immense amount from Nora in many ways. It was truly a gift to work with her.

**Becoming a nurse.** Nora shared that she had wanted to become a nurse ever since she was a young child when she watched and admired the strength and courage her mother and their neighbor displayed while caring for her very ill father.

When I was 8 years old, my dad had terminal cancer. My mom was caring for him, and I was frightened by it, very frightened, but also fascinated by the ways she was managing him, and I was fascinated with the IV and all of the medical

aspects and then there was a nurse who lived next door who used to come and help. She was just such an angel in my eyes, just the way that she brought calm to our environment, supported my mom, help my dad be comfortable, and I was in awe with her. Throughout my childhood, I kept thinking that I wanted to be like her and I wanted to be like my mom, who had so much strength, so even though I was frightened of this illness, I wanted to overcome that fear. I wanted to let the challenge overcome the fear.

In high school, Nora continued to pursue her attraction to nursing by volunteering in the local hospital where her fascination grew even more intense. “I just couldn’t wait to pursue nursing, and it has been my passion ever since, I wouldn’t ever do it differently.” Nora recounted that her mother was not always supportive of her choice to pursue nursing.

My mom had the old fashioned way of looking at things, thought that nurses empty bedpans and she just couldn’t bring herself to accept the fact that I was going to be a nurse, instead of a journalist or an educator, like my father. As she grew into her old age and saw me doing both, I think she was just delighted that I was able to accomplish both nursing and education. It was like the best of both worlds, but yeah, she wasn’t supportive in the beginning. It took a lot of convincing, but I think she saw how happy I was, because I remember my grandmother had said, why do you let Nora volunteer in the hospital at such a young age? And, her answer was, because she is happy and I want nothing more than to see her happy. I have been happy ever since.



Nora grew up in New England and was an excellent student. While she wanted to attend Massachusetts General Hospital and become a diploma nurse, her mother insisted that Nora attend a four-year college, as she had been aware of the debate (which continues to this day) between the value of the Baccalaureate Degree verses the Associate or Diploma degree in nursing.

My dream was to go to Mass General, they had a nursing program. I wanted that nursing program, I wanted that cap, and I wanted to be a diploma nurse. But my mom, who was still recovering from my decision to become a nurse, insisted I go to college, and she was so right! I mean so smart. So we battled all through high school and finally she won. I had gotten accepted to Boston College, Boston University, and Northeastern University. She wanted me to go to Boston College because that was where my Dad had gone, so that was another battle. I chose Northeastern because of the co-op program. I was all about clinical. So I worked every other semester in an immersion setting, I was actually working on a floor. And I wouldn't have had it any other way. And the reputation of the other students at BC and BU were that they were kind of wall huggers and that they wouldn't get into the patients' rooms. The reputation is that we were out there, doing clinical. That is how we started and that is how I still am with my students. It is the only way to teach is to get in there.

After graduation, Nora practiced nursing in a hospital near her home. After a few years, Nora realized she wanted further education and became an evening supervisor in order to work part-time and obtain her Masters in Nursing funded by a Grant from the

Carter Administration. During this time, she met her husband and moved to Rhode Island to practice in a busy university setting.

Once Nora moved and was completing the MSN in Rhode Island, she was offered a position as a nurse manager on a very high acuity unit. Since Nora had never been a manager before, she was faced with an enormous challenge. Nora reflected upon the ways that she obtained new knowledge and learned how to navigate the new role.

When I moved to Rhode Island and almost finished with my Masters, I applied for a position at RI Hospital and when they saw my education credentials, they were so unusual at that point, BSN with the almost Masters and they put me in a very high level position that I really did not feel I was ready for. I was nurse manager on a very high acuity unit, I had never had management responsibilities, I had never been a leader before, had never worked with those kinds of patients before, so I had information overload coming from all directions, with no basis to know what to do. No internet in those days to get instant information, so I think that where I got my knowledge from, I think it was that I read a lot of books to understand the patient acuity, whatever book I could get my hand on. At home, at the hospital, I would ask residents if I needed to know something about the patients. As far as leadership skills and making decisions about my staff and how to organize things, I asked the assistant director who was just over me. I valued her; I trusted her opinion so I would go to her a lot. I would ask my mom because she had such a good sense about how to work with people, so I would talk to her, asking how do you think you would handle it? I would talk to a couple of my colleagues that I had gone to Northeastern with, how they were handling things.

So I reached out to a bunch of different sources, and after a while, I knew when it felt right. I knew when I started to handle decisions the right way. I could just tell by the feedback I was getting with people, so after a while it just became intuitive, but that was the most challenging experience I ever had because I felt like I was flying by the seat of my pants, literally.

Nora worked very hard to learn how to be effective in this role and although she felt she was not prepared, she was “so ready in terms of enthusiasm and willingness to wanting to learn”. Nora reflected upon her feelings of inadequacy.

I can kind of relate to how some of my students feel now as I see them. I can kind of get how they feel. Being young and without experience, it was daunting. I used to fall asleep sitting up at dinner and my husband used to say, you need to quit this job. And I said, there is no way I am quitting this job.

A few years later, Nora and her husband relocated to Maryland where Nora spent her time working as staff nurse in the Emergency Room and in the Critical Care Unit. She greatly loved the complexity and stimulation of working in a fast paced environment. When Nora and her husband began their family, Nora was able to work in the evenings while her mother watched her two little boys until her husband returned home from work.

During the early years, I wasn't home with them as much as I thought I should have been. I was working evenings and never got home until 2-3 am. And my mom was there, and my husband was working as public defender so he was never home. So it was quite chaotic, so, um, my kids turned out great, but I wanted to give back to them, I didn't want to miss them during their school years. So you

know, honestly, the hours did factor into my decision to become an educator. You know, the weekends were off.

When the young family relocated to New Jersey, Nora decided it was time to re-focus her life, spend more time with her children, and “jump into education”.

**Becoming an educator.** Nora had been told about the college’s stellar nursing program from colleagues while she was still working in Maryland. As Nora recounted “there was no internet in those days, so I went to library and looked up the college and then sent a letter to the director of the program”. Several months later, she was called in to interview for a position to cover a clinical group for the current new director who was transitioning from her faculty position. “I brought my little boy carrying his teddy bear along with me when I came for the interview”. That day, Nora began her journey as a nurse educator at the college. Unknown at the time to Nora and the new director of nursing, a unique and long-lasting professional relationship would develop between the two women through their mutual experiences at the college.

Nora began as a clinical adjunct in 1987 and rotated through every course in the program before becoming a full-time faculty in 1994. Her first assignment as a clinical adjunct was in an upper level course that began the rotation in a mental health facility for three weeks. She expressed how frightened she was as she began clinical in a long term mental health facility.

So my very first day here, I was in psych, and I was terrified, absolutely terrified, and I thought, ok, I can do this, this is common sense, I know how to

communicate from being in the ER, I can do this... I think I brought a lot of those skills with me, even though I was frightened to death.

Nora recounted how the director of nursing told her “you are going to feel out of control at least one part of the day. You just have to step back, look at the situation and pull yourself back into control.” Nora said that she never forgot that. “I used to feel out of control all of the time in the beginning. As time went on, I just learned the strategies to not be as out of control. I learned what to do when I did feel that way.”

Nora attended adjunct workshops and other programs to help her prepare for her new role as a clinical adjunct. She also learned by listening and watching how other nursing faculty were doing things, and used her own intuition to help guide her decision making. She talked about how her role has evolved over time.

Alright well, the department chair at the time was very energetic, so she pretty much laid out what my job responsibilities would be. And I attended the adjunct workshops where they talked about some of the higher level educational theories, which was very helpful. There was a lot of adjunct training. There was a committee that just did adjunct training and workshops. There were some really thought-provoking workshops, I mean like, we would have to critically think and think logically, as participants, and we would have to translate that into what the students were thinking. Yes, so that was really helpful and I wished that they would have continued those. In terms of clinical knowledge, I think I learned by example. I would listen to what other people were doing, I taught in every course in the program. So, I got to see the different levels and how the teaching would

be different in the first level as compared to the last level. I went to meetings, I looked at the syllabus, some of the strategies that were in the syllabi and I learned through cues in the environment. There wasn't a lot of formal learning, there wasn't internet in those days so you couldn't just Google things. Oh, articles, the dean used to give us articles all of the time when we had the annual adjunct meeting, she would always give us a whole packet of teaching strategies. I tried to get it from everywhere that I could. A lot of it was just intuition. I learned from previous interactions, if I made a mistake and things didn't go well, I would try to do things differently. And next time, if this worked with this student, I would try it with another student. Similar situations, so a lot of it was evolving.

Dealing with student issues is one of the most challenging aspects of the nurse educator role. Nora recounted a story from her early adjunct years when she first dealt with an unsatisfactory student and remembered how difficult it was and how challenged she felt throughout the experience.

I think that I had really never had an unsatisfactory student before this, so I didn't know how to handle that. I didn't know how to use the clinical evaluation tool as a benchmark, I didn't know how to write an anecdotal note objectively, and I just found it difficult to interact with the student on a fair level. So, I used my course mentor, the department chair and the dean, and I got a lot of help from them! I think it was just getting a lot of mentoring and fortunately, I had good writing skills so once I figured out the process and was guided as to the legal aspects, you know, using the clinical evaluation tool as an objective measurement. Once I learned that process, I was able to put it into writing and the communication skills

just kind of flowed from that, and as time went along, I got better at it. But that was difficult, it was awful. It was a clinical failure and I think, getting my arms and my head around the objectivity was difficult. If you have a grade it is great, but I wanted to be sure that the student was really unsafe and how did I determine that. I just needed a lot of help tying the anecdotes to the clinical outcomes. I think that was the hardest and once I figured that out, it became clear. And the emotional piece, how to deliver the news without devastating the person.

As time passed, Nora developed coping strategies to help deal with her own internal uncertainties. Nora reflected further about how she handled challenging students during her early years of education.

Yes, just to acknowledge that I was going to feel that way and not to feel inadequate when it happened, so I learned to recognize that, and I learned to channel it, instead of letting myself go into a total tizzy, I knew how to pull back, regroup, reprioritize, sort of like being a nurse with patients, it's the same thing. And you pick the student that has the greatest learning needs, or the sickest patient, and you kind of reorganize.

I didn't always know what to do with the challenging students. But I managed crisis in the ER, so you pull all of that experience and all of those communication skills with you. I think when you are a nurse, you bring so much to the role, even if you were never an educator before, so I had all of those skills. But then as far as policies and who to refer them to, and all of that, I would just call the

department chair, look in the student handbook, and maybe talk to one of the staff on the unit if it was a real crisis, so I used resources to help.

Nora remained as a clinical adjunct for seven years until her oldest son began high school. Although she was offered to go full-time before that, she knew what was involved in terms of the time commitment, to be a full-time faculty. “I knew that it was a very multi-faceted role, and I knew that I couldn’t be a mom and be a full-time educator and do them both well at the same time. I just waited until the time was right.”

In 1993, Nora applied for a full-time position at the college but did not get the position. She was then offered a position at a state university but wanted to work at this college. When she re-applied again in 1994, she said that her anxiety level was low, because of the other offer. She was offered the full-time position, and began in the same upper level course where she first began as an adjunct. Nora said that she was very busy in the early years learning how to teach and how to deal with people, and then later, getting involved in college-wide activities.

I learned a lot about curriculum and about how to deal with people. I first taught respiratory, then a faculty member left and I taught six weeks of cardiac nursing. That was a very challenging time for me, as I also chaired a middle states sub-committee, chaired a general education committee and all of the other stuff that you have to do to get promoted.

**Evolving as an educator.** In 2002, after eight years of being a full-time faculty member, Nora realized that she was ready for more education and determined that she wanted to become a nurse practitioner (NP), in order to be more current in her clinical



ability and experience. She brought her idea to the director of the program and was told she could apply for a sabbatical. Nora took off for nine months and completed her NP degree at a local university.

It was the best thing that I ever did for myself and the best thing this college ever did for me. I needed clinical. I needed something, I just didn't want to be an educator without my own clinical. I felt like it was a disadvantage to the students for me to not be immersed in my own clinical experiences. I felt like the anecdotes were getting old, and I wanted it for me. I just had this craving to be back in clinical. I knew I didn't want to go back to being a staff nurse, I had a thirst for more knowledge.

When Nora completed the NP degree, she was ambivalent about returning to education as she loved being in clinical, loved being in the emergency room and working in a cardiology practice. What drew her back was her love for education, and for her established full-time position with benefits accrued from the position.

I didn't want to lose my connection to education, not that I couldn't go somewhere else. I had a position here, I had built up some time here, and I loved the people, so I figured why should I not come back to my full-time educator position? It didn't seem right to become a full-time NP and give up my educator position. I wanted both and I could have both.

Nora returned to the college and was offered a position in the last course of the program teaching renal nursing. She was happy for a change and knew that the renal

system would be equally complex and challenging for students to understand. “I have to have complicated when I teach.”

Nora continued as a full-time faculty and was asked by the Director of Nursing to consider being department chair in 2005. She recalls the director, with whom she greatly enjoyed working with, and had grown close to, had told Nora that she would really enjoy working with her. Although there were many challenges during that time period, Nora referred to her experience of working alongside the director of nursing as being the one of the most important times in her career. She talked about how she grew in terms of learning and understanding the dynamics of running a nursing program, while considering the moral, legal, and ethical ramifications of one’s decisions.

The Director of Nursing, Anne did my evaluation and said, you really should consider doing this. I would really love to work with you and you should consider doing this. So I thought, you know what, if I am going to stay here, I should. It would be the wrong thing to do to not accept it. My mother was extremely unstable then and I didn’t know how I was going to do it. I can’t do anything else when she is like this, I just said, I will do it all at once. So the pivotal time in my 29 years were the three years I spent with Anne, she just crystalized everything I had learned prior and everything I had learned after. It was just a great three years, all of the work I did, it was just so balanced by all that I gained. It was a lot of hard work, as you know. The most work I have ever done in my life, it was just constant stuff to keep track of. I don’t have any regrets because of all that I learned from her.

When you talk about evolving as an educator, I learned so much about the multiple aspects of being an educational administrator. Just all of the legal aspects, ethical dynamics, and the communication, all of it, there is so much involved in managing a program like this. Until I spent the whole three years, I just didn't have the whole Gestalt of it.

When Nora finished her three-year term as department chair, she resumed her normal activities as a seasoned faculty member in the last nursing course and attained the Certification for Nurse Educators (CNE), a distinctive specialty exam signifying one's expertise in the role of nursing educator. Nora spoke about how studying and taking the CNE exam helped her delve further into the role of nurse educator.

Taking the CNE really helped me to gain some of the perspective because I learned the nitty-gritty of education, the theories, all of the background that you need. The experience of getting prepared for the exam, taking a step back and really delving into the background of why students learn the way they do, why we write tests the way that we do, just to learn about that. I think that gave me a broader perspective and I think that, combined with my sixth sense and my experience, changed my perception of the role.

In 2009, Nora and two other faculty members were instrumental in developing the program's successful application to the National League for Nursing to be a designated Center of Excellence. She remembered putting a lot of energy into the process and recalls that time period as "being the best time in this program. The fact that

we did the two COE applications. The fact that we had enough information to put in those two applications is just amazing. I mean it was just, it speaks for itself.”

Nora was not yet finished with her educational pursuits. After being a nurse educator for over 25 years and her children had grown and moved to California, Nora was ready for another challenge. In 2011, she decided the time was right for her to pursue the Doctor of Nursing Practice (DNP). She successfully completed the requirements and received her degree in June 2015. Nora had no regrets about this decision.

Someone circulated a flyer for the Monmouth University DNP program and said to me, are you going to do this? I started thinking, why not? Why can't I do this? I started investigating Monmouth University, but they wanted Fri/Sat/Sun and I had clinical Friday during the day so I said I couldn't do it. So they sent me to Wilkes, it is very similar and it is fully online and they had a relationship with faculty, they had used Monmouth as their prototype. So I applied there, and I thought, I would just do one course at a time, and if it is too much, I will stop. But then one course become two, and then three.

I think it was like the final or the terminal degree. First of all, I wanted to stimulate myself, after being department chair, and the energy, the adrenal exhaustion thing again, I wanted something to energize me. I wanted a goal, my children were in California and I thought, I just need a goal. So I figured one course at a time would be my short-term goal, if it works out it would just build.

And now I am glad that I did that. Because I have the degree, because my options are a lot broader now that I am leaving here.

Nora felt enormous pride and respect for the mission of our nursing program and admitted that she anticipated difficulty adjusting once she retires, as her identity was strongly tied to being a nurse educator after working for 29 years at the college. Nora's sharing of her thoughts and feelings through her stories demonstrated her passion for her students and for her commitment to continually grow and evolve as a nurse educator through her educational pursuits. She described the compelling circumstances which kept her as an educator at the college.

I never thought in a thousand years that I would be here this long. That when I was an adjunct, this was because my kids were little, and then it continued to evolve. Something magnetized me here. I just knew not to leave, even after the sabbatical.

Nora shared many stories detailing the ways she has learned to think differently and grown through her experiences over time. She spoke about her intuition and sixth sense, which, as a new educator, helped her to recognize student issues. As she gained experience, she learned how to not just recognize, but deal early and directly with student concerns.

Even if I hadn't polished my educational background yet, my sixth sense told me there was something not right. But just getting it, quantifying it, concretizing it. Now, there are more of those types of students than there used to be. And I don't know why that is, I am not sure. Over time I got better at addressing issues. I

used to kind of push it under the rug, and I figured, this is just a bad group. When I see that now, I address it right away. I will sit them down and say, this is what I am perceiving about this group. People just seem disengaged, not interested, the affect is off and like, what is going here? We need to be together as a group in order to help each other to learn, so it helps when you do that.

We have to help them get past that, and if you want to know how my perspective has changed, that is one of the ways it has changed, is to know that I have the responsibility and role to do that, and not just putting out fires all day long. Like when I first started, I was just putting out fires all day, just trying to keep everybody safe, but now, I step back more and kind of look at the big picture. And that is what I am going to miss, that whole thing,

Nora shared how even as an experienced educator one can miss obvious cues of aberrant student behavior. She recognized that she was always learning and evolving. In this story, she continued to reflect on how she might have missed obvious signs of issues with a student, questioned herself regarding how she could have better managed the situation, and offered new educators some thoughtful advice.

Probably the biggest lesson that I learned was to not, sometimes I would give students the benefit of the doubt and think if I saw that if they weren't meeting learning outcomes that they are new, or they are this or that, and I would work with them and let it go. And I always didn't address it head-on the way I should have and that certainly doesn't do the student any service to deal with it like that, and it certainly isn't sound for due process either. I definitely got better with that.

I had a student that I knew there were issues with, and I just kept trying to work with her, trying to get her to improve. I referred her a number of times, and the red flag was there. And on the very last day of clinical she lied to me about a patient's vital signs. I had to fail her out on the spot that night, I just felt like I could have handled it differently, that I could have, I should have, seen the signs sooner.

But I kept giving her the benefit of the doubt, I keep thinking, I can work with her, I can work with her. The other students came to me after that night, and said, we knew this was coming, and you did the right thing and we were hoping that she would “blow-up”, that she would be gone because we knew she would never be a safe nurse. So when students said that to me after I failed her, I am thinking, wow, what boat did I miss, so I think that is an important thing for new educators to know, so that is important to learn, to know not to ignore, not underplay those red flags. So most of time, the student won't get back, even when there is remediation or something.

I was doing what I should have been doing with the remediation and everything and all of the processes that you go through, but I don't know what I should have been doing differently with her. The last night of clinical when she lied to me I was so just blown away by that, I just couldn't believe that she would do that. And according to what her peers said, it wasn't the first time she had lied, and they were covering up for her. So I am thinking, was I too busy, why didn't I know that she was lying, why didn't I know that students were protecting her?

Where was the gap that I didn't realize how bad she was. How would I do things differently next time? I don't know.

As an experienced educator, Nora was humbled by the experience and continued to question how she could have handled this differently for a better outcome.

I was trying to bring her along. When she fell into gaps, I would tell her, go try this. Do this, and she would do it, but there was some piece missing, I couldn't get my hand around it, so I don't know, I just felt really bad when she lied to me. And it got to the point when the students knew it. I was an experienced educator when that happened. It didn't happen in the beginning. It made me more attuned to the ethical implications of students' behavior. It made me more attuned if I thought students were covering up for other students. Maybe I missed some of those subtle dynamics because I was more attuned with the pedagogy.

Even as an experienced educator, Nora said that she was always learning. Reflection is a vital component of nursing practice and a valuable tool for professional growth. Nora described how this incident assisted her when she later dealt with another challenging student.

I think that is where reflection comes in. So you can think about the day that you just had and think about the next day and what you can do differently tomorrow. I am going to make sure that I will spend time with this student tomorrow, and do this tomorrow. I am going to pay more attention to the relationship with that staff nurse. So that is why reflection is so important. To go home and think about, how can I be a better nurse or educator tomorrow?



I know, right, that student just threw me for a loop. It was a huge eye opener.

That is why I had an easier time later on with another very challenging student. I already had dealt with the framework from that other episode, so I am going to get right on top of this as it is clear that she is not going to be safe. You know, it is easy to miss signals because there are so many things that you have to pay attention to as a nurse educator. That even as experienced as you are...

In addition to learning how to identify and better handle challenging students, Nora believed that her experiences have caused her to become more outgoing, more confident, and a more effective communicator over time. Nursing faculty deal with complexities on a daily basis. Various personalities of students, fellow faculty, administrators on campus, and patients, families and staff in the clinical setting all contribute to the broad mix of people that one must learn to deal with in a positive manner.

I think I have become a better communicator, not just because of students, but because of the other situations we have had to deal with, the faculty here, a lot of sensitive issues that have come up. Being department chair really helped my communication with people. I think I said this before, those three years with Anne, I learned so much about what was right and true from her, she just epitomizes that.

I was a lot shyer when I first came here, public speaking, forget it. I was just hired as an adjunct, I never dreamed I would be teaching in a classroom, that was like totally out of the picture, just to develop those public speaking skills, and the

confidence, that was huge. You just learn how to manage, and the confidence to deal with conflict in clinical, because there is so much of that, there is always a family complaining or a staff nurse who doesn't like a student, who is not getting along with another one. There is so much conflict, you develop the ability to manage that too. And confidence and social skills is a big part of that.

Nora shared that her confidence in dealing with people on all levels especially in challenging situations made her more comfortable with people in general. She has grown to be able to be confident in social situations outside of the college. Nora laughed as she recounted that her husband wanted to take her along to parties because of her honed social skills.

My social interactions, I don't know, my husband says that he can take me anywhere, that I can talk to anybody. He literally won't go to a party without me now. He says that if you can talk to all of these students who have all of these issues and you can deal with all of the faculty stuff that is going on there, then you can go to this party with me.

In addition to her personal growth, Nora talked about the impact she feels she has made on her students. She believed that being a nurse educator is important work and extremely rewarding in many ways.

I think what I love best about this level of students is the AHA moments. Just as we are talking about the concept-based curriculum and about how that is a whole new thing, I think I have always taught conceptually and I think that I learned to do that better, and when I learned that, I was able to reach the students better.

They understood better, and just seeing that, they make the connections. You know from one course to another, because of that teaching approach, it is so gratifying.

I think the essence of it is the student population and the difference you can make in their lives. You see it in the last course most profoundly, but you know, just watching them grow, and seeing what they have achieved is such a high. As my husband has said, think of every student you have taught and all of the patients they will take care of, and it is multiplied exponentially, I think that is what has kept me here. And this outstanding group of faculty.

In addition to feeling proud of being part of the future for so many students, Nora's personal self-actualization and self-esteem needs were also tied into her nurse educator role.

Well it has definitely been a self-image builder. To say that on a selfish level, it was definitely a self-image builder because you get so much satisfaction on a personal level just the day-to-day watching students learn. Even if they never tell you, it is constant satisfaction, and with the patients too, just seeing how you get the feedback from the patients and how much the students have helped the patients. So to be a catalyst for that is amazing. I think I told you before my husband is constantly telling me that this role and the impact on students is so far-reaching.

At this point, I was overwhelmed by Nora's passion and love of her work. Nora has been a mentor and friend for many years. She will always be a truly gifted educator.

I think that is part of the reason I am having such a hard time separating from here. That it is so much a part of my self-image that I can't imagine what I am going to do without these students, I cannot even imagine what I am going to do. But it is the students at this level, I can't emphasize that enough. I can teach DNP students wherever, I have a doctorate degree so I can do whatever I want. But I don't feel that is going to meet my need the way this does, because these students really touch your lives. I don't know, whatever it is, because of the disadvantaged backgrounds they come from, whether it is because, I don't know what it is, but is something about these students in this environment.

Nora reflected about the essence of her passion for this work. She recognized how many of these students are the first in their family to attend college, have major financial issues, and many have learning challenges. The fact that these students can go through our program, get a degree, and change their lives (and their families) for the better, makes our work even more critical.

I think it's just because becoming a nurse is so life changing for them, and some of them thought that they would never be able to do it. And so many of them are disadvantaged learners. We have many that have amazing challenges, so I think that you develop a close relationship with them. And because of that, especially if you are invested in their success, they know right away if you invested in their success.

And the diversity here is so interesting. That's has definitely changed my worldview, I have such a deeper appreciation for all kinds of diversity. I don't

just mean ethnicity and color and everything, the different personalities, some of these students are very timid and don't have a good self-image of their own and there is so much of that. So, I think part of it is that they come in and see this hope here, and they want it. And we can give them that.

We can give them that hope; that is the major thing that has really captured me here. When I was on sabbatical, I was so enthralled with what I was doing and I was toying with the idea of not coming back here. And Anne said, I hope you are not planning to leave, so logically, it wasn't the right thing to leave and I am so glad now that I didn't, because I had all of those subsequent years, and when I became a Nurse Practitioner, I thought I was a better educator because I had my own practice and my own anecdotes and stories.

Nora has taught many students over the course of her career and commented about how she has always drawn strength and inspiration from her experiences with them.

And now that I am getting older, I am getting tired. So sometimes on clinical orientation day, I see these 20 sets of eyes, and I am thinking, oh know, what is this semester going to bring? Will I have the energy to deal with this, because the groups are getting a lot more challenging? I just keep doing the same thing, using the same strategies that I told you about, and at the end, it always comes out the same. It is always so satisfying. And so great, you know even the stragglers seem to pull it together. It always ends the same way, even with how tired I start at the beginning.

I get my strength from the students, as soon as I get on the floor, it is the students, I get it from them. On orientation day, it is the same song you are singing, reading through the syllabus and going over the same thing...it is like 58 times I have done this! {Laughter} 58 clinical groups, but once they are out there on the unit, and then the patients are so sick, and I am trying to have them put concepts together. Put the pieces of the puzzle together, I get things off and running again. And the first thing you know, they graduate and then there is another group. It is part of the fabric and I am not sure this is how every educator feels, I think some do.

Nora hoped she had conveyed what the experience has meant to her. She believed that in order to be an effective educator, one must find true satisfaction in this role.

But I mean, maybe what will come out of your research is that new faculty can kind of read this, because I think if you don't feel this way, you can't be happy in nursing education for all of these years, or maybe not even effective, I don't know...What keeps me here? It is a feeling, I think part of it is the adrenalin, the stimulation, you just want to do it one more time, to bring one more group to that higher level of functioning.

In addition to the personal satisfaction of seeing students do well, Nora has also truly enjoyed working with various pedagogies and has been inspired by the creativity that can be applied in the clinical and classroom environment.

Even the pedagogies, too. Waking up at 3am and thinking, oh, I can do this, or I can put this on CANVAS, or put this in a concept map. That is the way to not get bored, to keep reinventing yourself. When we developed the online program, I did a lot of rethinking of how I was going to reorganize things. I was getting kind of bored with face-to-face teaching, doing the same things year after year.

Moving from 261 to 262 helped because I switched content. That was nice and yet I could pull cardiac into renal. But it was still kind of the same thing and then when online came and I had to develop all of that stuff for the online students and think about how they learn differently, that was a whole new challenge. I developed a whole lot of pedagogies then.

Introducing an online section to the nursing program in 2009 was a pivotal point for nursing faculty as they learned how to think about teaching in a different way. Going through the DNP program also taught Nora how to be a more effective researcher online. Nora spoke about the “information super highway” and how it has changed everything that we do. She recounted a story about an assignment given to her last semester students teaching them to be life-long learners.

Yes, so I wish I had that when I was in the trauma unit and things would fly by me and I wondered why they gave that IV or that medication. I couldn’t go to the library because that was a walk down the street, so now, I google everything, of course, I get evidence-based sites. The DNP program has made me better at that. Interacting with all of those experts from across the country and tapping their expertise, seeing how they research, seeing how my faculty advisor got information. So that has really helped me become a better searcher of knowledge.

Knowing how to navigate; it is the key. And you need to think about identifying what it is you don't know; you need to pull out that piece of information that you don't know. There is something every day that you don't know, that is what I tell my students. There is never a day when you are not going to know something. The last assignment I give them is to write one clinical question about something that they have encountered. Research it with an evidence-based site and then bring it back. And I tell them that I want them to do that every single day, go home and get a glass of wine or a cup of tea, and do that every single day. Because I tell them that they have the benefit of the online resources that older nurses didn't have. So I tell them, don't ever become complacent and think that you know it all, because you never, ever do.

I shared with Nora that I have grown significantly in the way that I know and understand my world in relation to considering the context of situations. I have learned that if I first establish what the goal is, and then consider all aspects of a situation and frame my decisions and action plan based upon the best outcome (usually for the student), I can usually live with the consequences.

Me too, every time that you have a situation or an interaction, you remember that and you draw from that and subsequent interactions. I think that women are good at that, because of the way that we reflect we think, I think we are good at that, being able to see things in context. But being a female, I think we view the world differently than men certainly, for sure. I think our emotional radar is more acute, or astute, we have maternal instincts, which can be positive or negative. I think that when you have students you tend to nurture them and protect them, but you



also have to not get caught up in what I just described, where you miss things either. So that maternal instinct, you need to cut it off when it is not becoming, when it is not beneficial anymore. And students want that, they look for that. But, for them to see you as a mother figure is not good, that is enabling and then you don't become a facilitator then. That is something that I worked on, to not have students drain my energy and see me as someone who would spoon feed them. They need to get out on their own, especially in the higher level courses.

The consideration of context has become even more critical as the internal environment at the college has been somewhat unstable for the past few years related to financial and leadership issues. As a result, controversial decisions have been made regarding faculty, students and policies. Nora shared her thoughts on enforcing policies while maintaining fair and just treatment for our students.

I think that the policies need to be there. Absolutely, otherwise you have chaos, for legal reasons. You need rules, obviously, but I think the rules need to be adhered to unless there are really extenuating circumstances. You know when those circumstances happen, death in the family, serious illness, we know what defines extenuating circumstances, we need to be sensitive to that, but I don't think to apply the policies arbitrarily from student to student, that is the recipe for disaster. It is bad for the students, it is bad for the program, and it is great for the lawyers.

It is important not to make knee-jerk reactions, which is another thing I learned from Anne. To step back and look at all of your facts, make your column, pro and

cons and look at all of the implications, what is the best that can happen, what is the worst that could happen. So yes, I think policies are important, so otherwise, it is like raising your children, students expect discipline, they want rules so they know what is expected of them, so when they see the rules being broken, the Indians start running the show. Faculty like that too, we all want some sort of order, in some way. That's what rules are all about, red lights and green lights. You can't just have things running unchecked.

Nora talked about the ongoing process of changing and evolving as a nurse educator. As she was the most experienced of the participants, her perspective was invaluable to this study.

I think after doing teaching for a few years, you just learn it, and you learn the same way that you learn how to be a nurse. It is the same process. It is the same exact thing, it is very much reflective of Benner's text. Because, yeah, it's very similar, you use the same type of adaptation skills that you use when you are learning to be a nurse. You develop that higher level thinking and that ability to see the whole environment, and not just pieces of that. You expand your skills, not just the patients that you took care of, but now students, you have families, especially on evenings, you have families coming up your back all night. And then staff, and all kinds of dynamics going on here. So there are so many permutations and relationships to navigate.

After telling and reliving her stories, she shared her wisdom and advice to potential nurse educators.

I really think every new educator needs someone they can bounce things off of, keep in touch with for reflection, advice, mentoring. They get mentoring here, but I don't think it is a very strong relationship, they need more than that. I think they should be participating in some type of adjunct workshop so that they can learn the skills, and then just to tell them that it will come in time. That they are going to feel out of control in the beginning. There are so many facets to it, and to realize what is involved. I think they need to learn from the beginning, that students learn differently, that there is so much involved with clinical. The learning strategies, having that intuitive sense. You need that intuitive sense, not just to see that the patient is not doing well, but that the student is not learning. That is very hard to mix and to balance those two things, to keep your eye on the learning while you are trying to manage all of these skills they have never done before. And I managed to squeeze in a little bit of teaching. It is so hard to not be the babysitter. You have to be sure that you are really enriching their learning.

Nora was also reflective about her role as she prepares for her upcoming retirement.

To be a nurse educator in this college means everything to me as evidenced by this emotional roller coaster that I am going through. I feel it is who I am and I can't imagine that I am not going to be with students at this level. There is something special about students at this level. I think because of the challenges that they face, and the AHA moments they have and just to have been a part of that it, it is part of me. I can't imagine not doing it. So that is what it means to me. How have my perceptions changed? I think I have gotten to understand students better, I understand their learning needs better, how different strategies

help their different learning needs better. I am more perceptive of students' needs, I can spot it right away in clinical when somebody needs something, so I think I have that kind of experiences, a kind of sixth sense.

All I know, once a nurse educator, always a nurse educator. In some way, shape or form, as long as I am standing, I will do somethings as long as I don't have dementia. I will do something with my life that will at least borrow the bits and pieces of the skills I have learned as a nurse educator. As whether it is volunteering in the hospital, or you know, learning how to speak medical Spanish, there are going to be things that I will do until I die, that I will have drawn from or borrowed from what I have learned as a nurse educator. Because it will always be who I am, no matter what. Even when I do truly retire, due to physical or mental debility, I just feel like I will never lose that. I signed up for wise aunt, the tutoring company, you can tutor students, so it might be just bits and pieces of what I used to do instead of the whole role of being a community college educator, but I will never leave the skills behind.

## **Ellen**

At the time of the interviews, Ellen had been a nurse for 31 years and had been an educator at the college for 22 years. She began as an adjunct in 1993 and became a full-time faculty member in 2003. In January, 2013, Ellen was appointed Director of Nursing after the program was cited by its accreditation agency for lacking a sufficient nursing leadership support by the college.

I asked Ellen to participate in this study for two main reasons. First, because of our strong collegial relationship. Ellen and I have worked closely on a daily basis as director and department chair for the past two and one-half years. Additionally, I had the privilege of working with Ellen early in my career at the college, as I was an adjunct in the course where she was a new full-time faculty member. Ellen is honest, open to communication, and fair-minded. I often joked with her that she and I are like two parents, as we must confer on a daily basis regarding multiple, often complex issues, similar to managing a family.

Secondly, Ellen's perspective as a mid-career nursing faculty/director brought a unique viewpoint for prospective nurse educators and other readers to consider. Since she had been with the program for over 22 years in various capacities, and worked closely with all faculty and many students in various stages of the program, I was interested in learning about, and sharing Ellen's stories of her evolution as a nurse educator

**Becoming a nurse.** Ellen grew up in a family with nurses around her and was always fascinated by the work that nurses do. She recounted how her mother and her aunt were nurses, and that nursing "was just always there". When she began to think about college, she was divided between studying nursing or science. Ellen described her early years, her interest with nursing and how she first earned a degree in biology.

When I was a little girl I had a number of nurses around me. My mother was a nurse, she didn't practice, and she was a stay-at-home Mom. I had an aunt who was a nun in a nursing order. So I always saw what these nurses did, and they

really did some innovative stuff. They were the ones that started Calvary Hospital in the Bronx, and did work in the Appalachian Mountains and in home care. I read the whole book series: Sue Barton from Student Nurse to Director of Nursing and you know you just, it was always there. When I was looking at colleges, I actually applied to nursing school, but did not know what I wanted. I loved science. I applied for nursing school, I applied for a biology degree and chemistry, and obviously to different schools. I really wanted to go to SUNY Albany to go to nursing school and unfortunately, the state of NY had a financial crunch and in the April of the year I was graduating high school, SUNY of Albany sent me a letter and said they were re-aligning and restructuring and there would be fewer nursing schools in the state. I was accepted into Fordham, so I decided to stay at home, commute, and figure out what I really wanted to do. And I knew about the program at Downstate Medical Center where you have two years of college somewhere else, and then transfer there for the last two years and get your BSN. But I got started at Fordham, I loved the college, loved the friends that I had there and I got my degree in biology.

Ellen worked for two years in cancer research and knew she wanted to return for more education. She met someone who told her about an accelerated master's degree in nursing. She felt as if nursing was calling her once again.

I went back to a reunion at Fordham and met someone who had graduated before me and he told me that he was a nurse practitioner and he had gone to this program for the accelerate master's degree. I looked into it, and that is how I

applied for the program. Things just kept pulling me back. But that is the way that it led me.

After Ellen successfully completed the accelerated master's program, passed her Registered Nurse and Nurse Practitioner exams, she went to work on a Medical-Surgical Unit in New York City. For the next few years, Ellen concentrated on gaining clinical experience as a solid foundation for practice. During this time, she met her husband, also a RN, and moved to New Jersey. She worked as a nurse practitioner at a veteran's affairs hospital, then in staff development in another facility, and then moved back to clinical nursing in the emergency room at a busy, local community hospital.

I saw myself as doing direct patient care for the first five years, I wanted that foundation because I had known people that I went to school with, and because it was an accelerated program, I graduated with the Family Nurse Practitioner, but I thought, how could I be an advanced practice nurse if I had never given a patient a medication before? And I know people that did that so I wanted that foundation for a little bit. So, I did med-surg and I did ER, so I got my critical care training in the ER but for whatever reason I always thought I would be doing ICU and I never did. Nothing ever led me to that path.

When I moved to New Jersey, I had gotten a job at the VA in East Orange and it was horrendous, and the circumstances were horrendous and I started to look at what other things could I do. I looked at an ICU position, at occupational health, and at a staff development position, and kind of explored different things that were out there. My gut in the interview led me to take the staff development

position. It felt right, and after I worked there, that was when the next job I had was in the ER and that is when a fellow nurse suggested I put my name in as a sub at this college.

**Becoming an educator.** Ellen talked about how academics and nursing education kept coming back into her life in different ways. When she was working in staff development, she had been offered an adjunct position at another institution but declined, as she was pregnant and felt she had enough on her plate at the time. Ellen related that she had never really imagined herself in academics, but rather, saw herself moving up as a nurse manager, then as an administrator in a hospital setting. She talked about the time when she first learned about becoming an educator at the college and how the flexibility in the schedule appealed to her.

I was in nursing school and we had to do a couple of presentations in the class and I was surprised when a couple of people came up to me in the classroom and said, you should teach. It was something I never thought about doing and after I had my first child and I had begun to work per-diem in this area, there was another nurse that I worked with who had her Master's degree and suggested that I sign up to be on the substitute teaching list here at the college. I hadn't really thought of it, but she talked to me about it and looking at the flexibility of the schedule, I just signed up to be on the sub list and it kind of grew from there.

At the time that Ellen became a clinical adjunct, she had two children and her husband was working as a nurse with an alternate weekend and holiday schedule. The



convenience of an educator's hours and the meaningful work appealed to her family's schedule.

The flexibility, my husband is also a nurse, so obviously when I was working clinically, I had to do weekends and holidays and my husband had to do weekends and holidays so it meant that we couldn't do the same holiday and weekend, so the family would never be together. We also did not use child care so I worked on his days off. I theoretically started on the sub list, but right before I started subbing, the person I was going to sub for pulled out for the rest of the semester, so I actually ended up taking over her clinical group and that was it. I continued taking clinical groups.

I really thought that I was using my education for something and it was something flexible that I could do around my husband's work schedule, having the children and still feel like I was doing something that was worthwhile.

Ellen felt that she literally "jumped into the fire" when she began clinical. Since she had agreed to begin the semester as a substitute, when the clinical faculty withdrew, she was convinced to do the rest of the semester. Although Ellen was an experienced clinician, she was very anxious in her new role as an educator.

I became an adjunct by accident because I was supposed to sub for somebody for three days and the night before I was supposed to sub, she asked if I could take the rest of the semester. So I really jumped into the fire. It was week two of the semester. I was very anxious that first day. I had actually gone the week before as she had asked me to come to learn what the floor and the unit looked like. I

had been oriented to the floor, I had met the students. That first day, the routine I was doing, I was just extremely anxious. I did not initially know who anybody was here, the only one I had met was Anne, who I had interviewed with and she had put me on the sub list. I had not met the department chair; she had called me the day before and was very convincing to get me to do the rest the semester. So, really I did not know any of the faculty, who to talk to what to do, whatever. I came in to meet with Gina, who became my mentor, and I met with her to find out what I was supposed to do.

As a new educator, Ellen viewed her role as an extension of her clinical role. To prepare for clinical, she completed all of the readings in the textbooks that were assigned to the students. She also stuck very closely to the clinical lab guide to help structure the students' learning. Ellen remembered how regimented she was in the beginning as she was not yet confident in her role, and then as time passed, she became more open to trying new ways of teaching.

When I first started here, I was only in clinical. So I really looked at it as an extension of a clinical role. It wasn't so much beyond what I was doing in clinical anyway, because I would preceptor new employees, but now it was ten students. And it wasn't certainly the level of work that a new employee did, but it was an extension in that I just believed that I was a clinician and it was evolving in that role of becoming a clinical educator, and then an educator beyond the clinical scope. I realized that I was not just training someone to be at the bedside, I needed to teach people how to be a nurse, no matter what their practice setting was going to be.

I went to the textbooks and I would read every word that they read. Because I was new, whatever they were assigned to do for the week, I said, I am also going to do this in a week. I would go into clinical and borrow the videotapes of skills from the skills lab, so that I was making them do the skills in clinical exactly as they learned to do them in the lab. I looked up Digoxin every week to make sure that I didn't miss something because of my insecurities. For me, a strength of this program was the clinical lab guide that helped guide me with what to do in pre and post conference.

I used it as my bible, but as time went on, I would be a little more creative in what I would do. I could be more spontaneous, I didn't even realize that I was doing Narrative Pedagogy at the time, where I would leave the control to the students to lead it. In the beginning, the pre-conference was very structured and as I went along, I was able to ease up. The students would think I was nuts. We would get a patient that was hyperkalemic and I would almost have a seizure. And I would say, you need to look at this and bring this to conference. And they would look at me, like, what is wrong with you? This is a test questions- look at this!! I would be able to let these things happen and let the students bring them in too. And let the conferences evolve.

**Evolving as an educator.** As a novice clinical educator, Ellen encountered challenges which caused her to think differently about her new role. During the first semester of her clinical teaching, she had an unsatisfactory student that, despite her efforts, became a clinical failure. Ellen recounted the experience of failing a student

without very much guidance, and as she was sharing the story, realized the invaluable lessons learned from the challenging experience.

During the first semester of teaching, I had a student who was a clinical failure. The student was one of those students that felt like an outsider, and was an outsider, she was a loner. I would bring up in conference what was done in the readings for the week, and found that she documented things and that she had no idea of what she was documenting. The floor that we were originally on was a telemetry floor. After two weeks I realized that she wasn't taking her own vital signs on her patient, and I asked the nurse's aide to verify this. I had no idea why, I felt like an idiot that I didn't catch this during the first week that she didn't do vitals, and the student said that she didn't know how to do vitals. Now this is the second clinical course and she is saying that she did not know how to do vitals and she is asking the nurse's aide to do vitals. This is a telemetry floor and she is documenting EKG rhythms, even though she has not yet learned about the rhythms. I asked her what normal sinus rhythm meant, and she said, I don't know, the night nurse wrote it so I thought I would write it again. She had no idea about what she was charting. So, I counseled her on that. I did the write up and I said, you are not supposed to copy somebody else's notes. Then she did it all again the next day of clinical; she copied the night shift nurse's note, and there was something else she charted with white blood cells. She had no idea what she was doing. So I contacted my full-time faculty mentor, and she brought me in with Anne and I said, this is my first semester. And I have no idea what to do, but she copied information, and I said, what do I do with the student? At that point,

Anne approved an immediate failure. It wasn't a summative failure, it was an immediate failure of the course. The stressful part was that I was to go into the room and tell that student that she was a clinical failure. I was by myself. It was very rough. I did it on campus. My mentor let me use her office to tell the student that she was a clinical failure.

I felt awful, especially because the student got really angry, made some accusations that I had it in for her and stormed out of the room. Maybe that is why I tend to be so supportive of people and stay around them so much now, because I never have time to do my work now. But I really felt like I was kind of put out to dry. I have a couple of instances where I felt like I was on my own, where I wished I had more backup of people there.

Ellen was asked if she knew then what she knows now, would she have handled the situation differently.

I would have insisted that I have someone in the room with me. At least a second person in the room. It was a little volatile. At that time, the program was such that everybody had to pass every single test. The grading policy was very different than it is now and the student wasn't doing well academically. I pulled her in and made her a clinical failure. She didn't know how to do vitals, and she was just copying everyone's notes and rewriting them as her own.

I really felt very badly. I can understand why they wanted her dismissed, and I am trying not to pass judgement here but it is shocking that a new adjunct was

asked to do this on their own. That was one of those things where it was sort of passed along, or maybe, that was just the way they did things.

Ellen shared another early experience involving a student issue in clinical, and how she learned the valuable lesson of considering how students may perceive us differently than we think they do. As a new educator, she did not realize that her students were fearful of her, based upon their perceptions of how she handled a challenging student.

I had another student who a clinical failure and there were issues that evolved as a result of the perception of the group again. The student was in an upper level course and was trying for the third time to get through the mental health rotation. Something would happen, she had a mental illness. This was her first semester with me, and the first day of the semester, told everyone, psych isn't that scary, I have been an in-patient on the psych unit multiple times, it is not really that scary, do you think I'm scared? She was getting scary, they went to group sessions and she started obsessing over one of the men. Do you know how the patients draw pictures and try to give it to the students? She was drawing pictures and was giving them to one of the patients, and saying this is something special I made for you. Now, this was not a patient that we were assigned; she pulled his chart and starting reading his chart and by the second week of clinical, she followed him into his room and shut the door behind the two of them. I followed her, opened the door, pulled her out and immediately contacted a full-time faculty in the course, and said there is a problem here, and the faculty member said, she is done. All of the other students in clinical said, "We were sort of afraid of her, her affect

and her behavior were bizarre.” They were the ones that came to me and told me what she was doing with the patient because I wasn’t allowed in the therapy rooms. A few weeks later, we were having post conference, I noticed there was tension and asked the group, what is going on? They said that they could finally tell me that they were terrified. If I could fail a student after two weeks, I could easily fail one of them. Here I am thinking that they would be so relieved, and then realizing that I must have a reputation for failing students. They were terrified, and to me I was thinking, thank goodness now I can spend time with these students because she was gone.

Ellen shared another experience about a student that she worked with as a new clinical educator, and years later, she ran into the student under very different circumstances. Ellen reflected about the way things have changed, from her vantage point, over time.

I had this one student, the only one in the group that was young, she was in her 20s, and she was a kid and she liked to go out. And she fell in love, she was absolutely in love with this guy. Doing her school work was not her priority, so she failed the two semesters and was out of the program. Years later, I was a full-time faculty member leading clinical on the oncology unit, and this woman came up to me and she recognized me, close to 15 years later, and it was that young girl. Now she was there because the man who she was in love with at that time was dying. He had cancer, brain tumors, and he died while we were on the floor. She remembered me from clinical. I was surprised that she remembered me. To see her from the very beginning, and she left because she was so in love with him,

and then how it ended. But I was happy that she had those happy years of being married to him, it was good and it was bad. She never became a nurse. It was odd how that had translated from the very beginning to not seeing her until years later.

Ellen spoke about learning the value of a graduate course in group dynamics once she began working with ten students in the clinical setting, and reflected about her role as nurturer with beginning nursing students.

As an adjunct I only had to learn how to figure out ten students. And with ten students, you can still be a mother. You are more nurturing in the beginning course because it is their first time, and you are getting them used to the program. As opposed to when I taught upper level courses, I was less mothering. The other thing, I took the course on group dynamics in grad school and thought it was a garbage course. Until you start working and each semester you realize that every clinical group is different. You might like people individually, and you hate them as a group. They make a horrible group. So I think about when I put people together, will this make a group? Because it can be disastrous to put some groups together, you now see the value of some of the classes that you took in grad school.

For 10 years, Ellen worked as a clinical adjunct in every course of the program while she and her husband raised their four young children. In spring, 2003, when a faculty member in the first nursing course went on a sabbatical for a semester, Ellen was asked to cover for the faculty in clinical and in the classroom. In fall, 2003, she then



applied for, and was offered a full-time faculty position teaching beginning nursing students. Ellen remembered her worldview as a new educator in the classroom, and how her view of teaching has changed over time.

I have evolved a lot. When I first started working full-time, I thought of myself as the teacher up on stage in the classroom. Now, I really like the thought that I am not their teacher, I am an expert learner, and my job is to model learning for them. I realize I can't force their learning on them. They have to have accountability and ownership for their learning. And I really thought when I started it was really about me being up there, did I do a good enough job, and that their test grades were a reflection on my teaching. And I realize I can only put out so much, they have to actually take it, they have to, it is not how much effort I put into teaching a class, but how much effort they want to put into learning in the class. And that was kind of different, because I really thought that if I did a really good job up there, then why aren't these grades better? And I eventually grew to realize that I will not take blame for their failure, and at the same time, I will not take credit for their success. I am letting the students learn it, instead of them letting me teach it.

Once Ellen was comfortable in her teaching role, she became very active in college-wide activities. Ellen greatly enjoyed working on various committees and getting to know people that were outside of the department.

I was involved in quite a lot. The big thing was the co-chair of the Institutional Planning and Effectiveness Committee (IPEC) which at the time did the strategic planning matrix. I had started in IPEC and was chair of a subcommittee on

environmental scanning, which was new. And then I became co-chair of IPEC. I did a lot with the college president, and I loved it. It allowed me to meet people outside of the division and department. I was co-chairman of the Professional Development/Academic Rigor committee when we worked on the Educational Services Master Plan. I really enjoyed working with the other co-chairman; that gave a whole other perspective on things. Doing Leadership Brookdale, picking up different little subcommittees that were temporary, CANVAS and the webpage. I knew a lot of people outside of the department.

In 2011, the nursing program underwent its re-accreditation process and a recommendation from the accrediting body was made to supplement the nursing leadership of the department. This was based upon the size of the program, and the fact that the Dean of the Science and Health Science Division was also responsible for overseeing the college's large science department, and was not required to be a nurse. The college agreed to hire a Director of Nursing with a search held internally. After much consideration, Ellen expressed interest in the new position, and began in January 2013 as the department's Director of Nursing.

There was a lot of thought that went in to that one. It wasn't a spontaneous thing. I wanted somebody from inside to get it, I really didn't want to see an outsider in the position. I knew that a lot of people didn't want it. I didn't know anyone that did want it. We were all concerned with what the job was. And I was really moving myself along and thought that I had a good promotion packet. I was up for promotion and I said to the Evelyn (the current Dean), I really would have preferred that it was the next year as I would have liked to go through the

promotion process and be hired as an associate professor, though there was no guarantee that I would be promoted. I really wanted to be a professor, I loved the students, I loved the classroom and I loved being in clinical. But I really wanted somebody from within to be director of the program. Then I started thinking, why do I keep thinking that it should be somebody else, why can't I consider that it could be me? Why am I dumping this on someone else? Is it my turn to step up and do something? I talked to my family about it and some of it was for my daughters. My older daughter's reaction was, what, you don't think you want to be promoted? I am still looking at promotion. I had my girls, did I want to be the role model for them and was I willing to take this on? And, it was sort of a good time. My primary focus is my kids. It was a time that I didn't feel like I was abandoning them.

Evelyn actually said to me she thought this would be the most flexible job for me because I didn't have to be constricted to be in clinical. And I really did not have to be on campus that much and that I could do most of this at home and how many hours am I here? And I kind of knew that it was going to be a lot, I knew it was going to be a lot of work. I thought that if I was going to do something like that, this was the time to do it.

At the same time as she was applying for position, Ellen was diagnosed with cancer of the left sphenoid sinus. Ellen spoke about this time period and her decision to pursue the position.

Right after I spoke with Evelyn and agreed to apply for the position, I was diagnosed with cancer. And then it became, is this the right time because I did not know, after breaking my leg, and getting the cancer, I thought, would I be able to be in clinical? I knew I would be having the neurosurgery, would I be able to lift? But, I had already decided to apply. It's funny because Evelyn knew that I was going to apply and I had just been diagnosed with the cancer and she had stopped me in the hallway and she said, how are you, when are you going to the doctors? Does this mean you are not applying for the director's position? I said, I am still going to apply and she said, oh good. It was a big decision to apply.

Ellen recounted that time period and the amazing support she received from her colleagues.

The day that I was diagnosed with cancer, my husband was with me and I wasn't expecting that they would find cancer. It had been a week and I said to the doctor, I am assuming that you got a good report. And he said, they found you have adenocarcinoma. We left the office, the first thing I did was call my mother, as she was anxious, and was probably more worried than I was about the visit. Then I said to my husband, I have got to go back to campus and tell Evelyn. That would have to be the next group of people that I needed to talk to. I walked right into Evelyn's office. Another faculty member happened to call me as we were driving to campus, and I said, I have to tell you that I was just diagnosed, and she said, forget everything I just asked you about. It wasn't until I walked into Evelyn's office that I started to cry. I did not until then. I could do that right now. Anyway, it wasn't until then, and then I just stopped and I went into, it was

a Tuesday so a lot of faculty were around. I ended up in the 162 office and I told them that and they went out to get the other faculty and there was like a circle around me holding me up, because I was just diagnosed with the cancer. And I always thought afterwards, the people that I had to tell were the nurses, maybe because they are the people that would understand. I needed to come here to let the people know and feel their support. That was the circle.

Ellen underwent successful surgery and thankfully, did not require further treatment. During that period of fall 2012, the entire coastal area experienced catastrophic Superstorm Sandy, which wiped out electricity to many shore and surrounding towns for days and weeks. The college was closed for two weeks, and had no way of reaching students, as the server to the internet was also not functioning. When the college reopened, faculty were advised to continue courses and make up time through online assignments utilizing the college's learning management system. This was a very stressful time for most people in the area, as many homes and businesses were destroyed or severely damaged.

Ellen returned to campus, and began her new position as Director of Nursing in January, 2013. Her first experience as director involved a challenging situation with a student that had failed an early nursing course, but initially the grade was posted incorrectly and stated she had passed. The decision to permit the student to take the error as a passing grade was made, contrary to Ellen's wishes, and ultimately damaged her relationship with the department chair at the time. Ellen realized, upon retrospect, that she lacked the confidence to push hard and question the unethical decision made by administration. Because of beginning in a newly created position, Ellen shared her

thoughts regarding the challenges, many ethical in nature, she encountered in her new role.

My very first major thing that happened as director of nursing was an epic failure. That was the student who was given a “C” instead of a “D” , and then the faculty member immediately changed it within 24 hours, but the student had gotten a screen shot of it and I was told that we would have to stand up for that. It was published that she had a ‘C’ so we have to honor the ‘C’. And I said there is such a thing as human error. But I did not stand up to the Dean enough to say that this is wrong. I think that is why that department chair left.

During Ellen’s first semester as Director of Nursing, she faced an ethical dilemma as she dealt with failing students from the semester of Superstorm Sandy and the repercussions after the fact. She stated that since she was not yet in her position during the storm, she felt that her input did not count. She discussed how difficult it was for her during the first six months in her new position.

For me, some of it is, you can make a decision and then it can be changed, even if you feel that is the wrong decision, the big one when I first got the job and the first thing that I encountered when I came back was in the semester after Superstorm Sandy, and faculty had told students that if the student failed that semester it would not count as a failure. And then it was, yes it does count, but all of the people that failed that semester got a readmission. But if it was your first failure and you failed later and said I failed that semester it shouldn’t count, and then we were told that it did count. I said that’s not fair, because they still all

failed that semester. If it didn't count for the second failure, it shouldn't count for the ones with the first failure. That was a huge ethical dilemma for me, that there were a number of things that first six months that were very difficult and I really had to think, I don't give up very easily. And I couldn't have my gut reaction as to why did I do this, and then go back.

Ellen realized, through her experiences, that it is not always easy to foresee consequences from her decisions.

Ethically, what is the right decision and looking at all the aspects, that is something that you might think that it is right, and then somebody points out, these are the implications, which means that, what about this other student, in this other circumstance, you have to make the changes for all of them. It is a very hard thing to learn.

As time has passed, Ellen has also dealt with the implications of unstable leadership and impending changes in the structures and processes of the college. She expressed frustration and even more determination to do the best that she could do during this unstable time.

This college is undergoing so much turmoil at present that it kind of makes you uneasy in your role. You would think that the role would be relatively smooth, a few years ago, no one would have questioned anything, and I could have just peacefully gone about my day. But now, everything is being scrutinized by the faculty below. And I was one of the faculty, and now, should I be looking at these roles, it is being scrutinized from above, money has changed, the NCLEX

got harder, the board results have decreased and again, do I look at it the same way that I look at the students. Is it my fault or is this what I inherited? It is the same, do I take blame for the students' failures when they take a test, or what kind of hit will I take for this... I can only do what I can do. I am doing the best that I know how. This is a new position and I am trying to work and develop a new position in difficult financial times, in difficult personality times, and I am looking at, over the next few years, a major change in the faculty.

In spite of the challenges she has faced, Ellen has found satisfaction as a nurse educator. Although her role has changed, she continued to work closely with students from all courses. As part of Ellen's responsibilities, she worked closely with faculty and students to problem solve issues with the overarching goal of promoting student success. She spoke about the value and reward of being a nurse educator.

What do I place value on in the world? I place value on the people, and I place value on the job that I do. And I place value on caring for others, that service for others. I mentioned I know I could make twice as much someplace else. But this is rewarding and I know that is why I am here. I couldn't stay here and would not have stayed here this long if I did not see that there is success and sometimes, most of the time, you will never know, it is the same as when you were a nurse; you took care of somebody and you never knew how you impacted somebody. I run into people out in the community who had been my students and find out how they are doing, and have them say something to me, and I find out that I added value, it is more than just me taking care of a patient, it is now, I have taught other people to take care of their patients.



In addition to valuing and caring for people's lives, Ellen also realized how transformative a community college education is for our students, and how much these students value this pathway to their lifelong dream of being a nurse.

I have realized how transformative it is for a lot of these students to be able to get the degree, get the job and be able to provide for their families. Because it is different when you read about it, it is different when you get in and you meet the people and you realize these are the women that in their midlife, they have no training in anything, and they may find themselves newly widowed or divorced and find they need a job to support their family. Or you have children that are my children's age but you realize that they are working full-time and struggling to be able to go to classes here. And this is really going to help them have a life, survive, but in addition, they're passionate and have a meaning about what they're doing. Really you can't be a nurse if you don't like this. In addition to that, they are struggling to be able to pay for it.

My entire nursing career has been that ongoing debate of RN vs BSN education. But over the years, I know there is another route to a BSN. It has changed my perception of that; these people need an affordable way to get to the BSN and we need them in nursing. We need nurses, and these are people that are going to be good nurses and they wouldn't be a nurse otherwise.

These are empathetic nurses, they know the meaning of it, and they value it.

Again, some people don't value it, I certainly value my education that I got and I did not struggle the way these people do to be able to afford this education. There

is a lot of value in what they do and there is a lot of value in what they bring to nursing. But then, there are other people that are in it for the wrong reasons and they have to come to the realization that this is not for them. It is not just to be a safety net for a job, they really have to like what they're doing, or they will not be doing it for very long.

Ellen has grown and evolved as a result of her experiences over time as a nurse educator. She has been employed at the college for 22 years, first as an adjunct, then fulltime faculty member and now Director of Nursing. Ellen shared that, in addition to viewing her role with the students differently, her confidence in herself has grown dramatically through her experiences as the director of the program. This is evident as Ellen tells a story about going to her first meeting with fellow community college nursing directors, and how she has become more confident in her role.

It's kind of funny, I still stink at parties, but I have gained so much more confidence going to meetings. I am not the social butterfly, I have never been a big partier, but I feel very comfortable in my role and I am doing more by myself. Like showing up and representing the school and the program going to my first associate degree nursing council meeting. I was really kind of relieved when I walked into the room. I honestly thought that it would be a room filled with people who are formal and hard to read. And I would find that very intimidating. But they were very warm, and very supportive. To be quite honest, the reason that I thought it would be a room full of those types of people is because I dressed in my very best that day to show up. Thinking that would be the way everyone else would be and that would be the way I was appearing for the first time. But I

was wrong. They took this as their casual day, it was their day to let their hair down when they weren't being watched by other people on the outside. So I like that it is a very comfortable group. But, I have always had my family, and for me to take a trip and fly by myself and get to a meeting in Atlanta and get home from the meeting was a big deal. That kind of thing. I had gone on a few trips here and there, but now I was starting to go by myself. And I could talk at these meetings and I could feel comfortable at these meetings. I still stink at parties. My element is nursing. And if I am in a party and the element isn't nursing I guess I don't have the confidence. But I am very comfortable being the nurse or the nurse educator at the conference.

In addition to her growth of confidence in her role as director of nursing, Ellen's view of her world has changed as she considers each situation in terms of context. Ellen is one of those people that will give all that she has to help a student in need, and has learned that, in spite of her efforts, some are successful, and some are not.

Sometimes, you know, you want to make a student feel better but when they are failing, there is absolutely no way that I can make them feel better. And the context matters, for some people actually it is relief, and some people it is not, and it is not to say that my conversations are with people that did badly, it is about some that you work with, and something goes right. There was a student, he just graduated, and I worked with him and went out of my way for him. He was not the only student that I went out of my way for. But it was nice to see him succeed because a couple of people wondered whether or not he would succeed. You never know what is going to work for somebody, and it doesn't work for

everybody, and he was absolutely thrilled to pieces and he worked very hard, so that he could pass the NCLEX.

In addition to working with many students with multiple, and often complex needs, Ellen was confronted daily with many decisions that require thoughtful consideration. She felt that her family provided her with a strong foundation which helped guide her decision making in her various roles.

I think that your belief system has to start early on in childhood. And looking at the way that you are raised and your role models, and everything to what is right and what is true. And fortunately I have had some really good role models from the beginning. Primarily being my parents. My father is the most ethical and moral person I have ever met. So, even to this day, I see my parents and see what is right and what is true. I brought that with me, and so that is the core of who I am. That has to permeate in all that I do.

## **Lauren**

At the time of this study, Lauren had been a registered nurse for 35 years, and although she was the newest faculty member in this study, she had been a clinical adjunct in this nursing program for over 15 years before being hired as a full-time faculty member in 2011. Lauren's credentials included a BSN, MSN and a certification in post anesthesia nursing (CPAN).

I asked Lauren to be a participant in my research for multiple reasons. Lauren is bright, articulate, and self-aware. Prior to this inquiry, Lauren and I had worked closely together as we had been awarded an Innovation Grant from our college which included

designing and implementing faculty-led student “Gatherings”. This entailed conducting meetings or “Gatherings” outside of classroom hours with the goal of promoting nursing student retention through faculty-student and student-student interaction.

Lauren and I were close in age, were mothers of college-aged children, and our lives outside of work were active and full. When I asked Lauren to be a participant in the study, I was mindful because of my seniority to her. I am a tenured faculty and chair of the department. I reminded her, just as I had done with the other participants, that there would be no hard feelings if she felt that she did not wish to participate. Lauren responded positively, which delighted me, as I knew, based upon the past, that we would work well together. Lauren was easy-going, yet unafraid to speak her mind. I admired her tenacity and respected her experience as a clinical nurse with strong management skills. Lauren has a strong sense of right and wrong, and a deep belief in her faith.

**Becoming a nurse.** Lauren could not point to one moment or event which caused her to become a nurse. She knew when she was a teenager that she wanted to become a nurse and wondered if her experience as a young child with a severe hearing problem between ages 3 to 9 may have contributed to her decision. Lauren said that her hearing issue was not diagnosed until she was in second grade, after losing almost 75-90% of her hearing. “I would be the kid that would answer a question wrong because I couldn’t hear the teacher, and everyone would erupt with laughter.” Once her hearing problem was ultimately diagnosed, she recounted that she was treated with tubes and antihistamines, and regained much of the loss. As Lauren spoke about this time in her young life, she did not mention many further details about this experiences, other than “that is a whole other

story that I won't go into." This comment made me consider how profound of an effect this may have had on Lauren as a young child lasting throughout her life.

When Lauren decided to apply to college for nursing, her parents tried to talk her out of her career choice for various reasons. Lauren said that because she really wanted to become a nurse, it was a good thing, as her parents ultimately supported her decision. She stated that she has never regretted her decision. When asked what other factors may have played a role in her decision, she answered "I worked in Manhattan where people earned hundreds of thousands of dollars and for not working as hard, but I don't know, I never felt that I made the wrong choice."

**Becoming an educator.** Lauren described her entrance into nursing education as being more of an "evolution rather than a conscientious career choice." When asked about her recollections regarding what may have influenced her, she recounted a community service assignment in nursing school entailing a challenging classroom teaching experience. Lauren remembered how much she enjoyed teaching students that differed from her own culture, and how she found a creative way of connecting to them.

I was away for a semester in college, and when I came back, they had randomly assigned me as my community elective to work in a high school in Staten Island teaching health. And I was pretty mortified because there were armed guards in the hallways and everything was locked up. This was a different culture than I had grown up in and most of the students in the room were only a year or two younger than I was, because I was young in college....and I had to teach about drugs and getting high. And all I could think about was that I was teaching to

students who were slightly younger than me who were stoned while I am teaching. But the teacher that I taught with was so dynamic and she said the responsibility of the teacher is to engage the students and keep them interested. She really had a very different perspective on teaching. So, I taught the class and I did it a little unconventionally and the students were very engaged and I was able to talk about drug use and material and I used the magazine *High Times* to teach them. I did that for a couple of classes and it was great. So I carried that experience with me in that I learned that it is my responsibility to engage the students. And even now when I teach, the more that I teach, the more I think about, how can I do this for the students to better understand the material? So that is what kind of drives my teaching.

After graduating from college, Lauren worked in the clinical setting in New York City for a few years. She then obtained her MSN with a focus in management “because I wanted to be a better manager than the managers I had worked with.” Soon after, Lauren met her husband, married and relocated to NJ where she entered into nursing management at a local hospital. Lauren described her time in nursing management as a great learning experience, but also made sure she was actively involved in clinical care and staff professional development.

I was in management but I was always involved in teaching. I opened the first telemetry unit at the local hospital, and one of the first things I identified was that we need to teach the nurses how to interpret EKG and rhythm strip and read the rhythm strips on the monitor. So I organized classes and taught the nurses.

Lauren recalled being told she was a great teacher as she spent time teaching primarily elementary aged children at her church. “I would consistently hear from people that I was a good teacher, that I was gifted in that area. It was never anything I had thought about.” She remembered thinking about teaching as a potential career, but was involved in beginning a family and working in her management position.

Lauren began as a clinical adjunct at the college in 1991 for one semester during the time she was working full-time in management. As a new hire in a local hospital with a Master’s Degree, her resume was forwarded to the college department chair as a potential adjunct. Lauren found that the demands of a full-time job, working part-time as a clinical adjunct, and raising a young family were difficult to manage. In 1995, after giving birth to her second child, she decided to leave her management position and subsequently reached out the college to pursue the clinical adjunct position. Lauren cited the sense of familiarity, the convenience, and the stellar reputation of the nursing program as reasons why she decided to pursue her career in education at this college.

The college found me, and then when I resigned from my management job, I called the college back because I had a connection there, the institution had a great reputation, it was convenient for me, I knew some of the faculty, and I knew they had high standards while also providing support of adjunct and full-time faculty, so that played a role in my decision.

Lauren said that she looked at other community colleges and four - year colleges. “I just liked it here better. It was more convenient, I knew the people, and I was familiar with the program. So that was really my first choice.”



When Lauren was asked to think about the way that she viewed the world during those years prior to becoming an educator, she looked back and believed that she was somewhat critical and judgmental toward others, without completely considering the context of situations. She shared a story to illustrate this point.

My sister-in-law is my age but her children are ten years older. And she would spend the summers with my in-laws in the neighborhood. I remember when our kids were toddlers and her kids were teenagers and we felt they were in this frenzy of activity all of the time, and my husband and I would say, what is wrong with her? Why are her kids doing so many things? And then when I had teenagers and there was no structure, I realized she was doing the right thing for them. She had her kids plugged into lifeguard competitions on the beach and plays and things that didn't consume her kids for 8-10 hours, but was just enough that they were plugged in with a group of friends and had positive activities. And I realized that she was right, I was overly judgmental of her parenting skills. And I have to say, her four kids are adults, and are lovely. I was critical, but she did it right.

That experience made me think, because I tend to be a little judgmental and overly critical, to not do that. To be open-minded; just because somebody is doing something one way that I don't understand or agree with doesn't mean that it is bad or it is wrong, and there can be some things to learn from that, and I just need to be more open about things.

When Lauren returned as an adjunct, she taught clinical nursing to students in an upper level course. She described how much she enjoyed teaching students in clinical, and found it easy to transition because of her comfort level in the clinical setting, but did not feel entirely comfortable in her role as a new educator. She remembered how much time she invested in preparing to teach them and how she thought she needed to “spoon feed” the students the skills and information they needed. During the early years, Lauren tended to sympathize with their issues and recounts how this view impacted her early experiences.

I felt like I didn’t have the in-depth knowledge that I felt I needed as an educator, even at the time, I did a ton of reading, I still have the notes that I kept, outlines of the textbook so I read the Chapters that the students read so I would knowledgeably talk with the students about the pathophysiology and the processes involved. I was good at the conferences and the debriefing at the conferences, but I was in the mindset that I needed to help them synthesize what was going on with the patient and then shove information into their heads. When issues came up in their lives, I would be very sympathetic toward that. And it impacted my subjectivity with them. It was kind of like, I feel really bad for this, let me see if I can fix it for you.

Lauren shared two stories that conveyed how she dealt with students in her earlier years as an educator, and how being sympathetic had a more positive outcome in one of the cases, than the other.

Two stories stand out to me, both occurred when I was an adjunct in clinical. The first was a student who shared with me that there had been a murder in her family, her husband was in jail, had big problems with her children, and I said to her at the time she would have been eligible to come back into the program if she dropped the course, so I said that this is something to think about and she said, no, I am doing this, I have my mind set, I want to finish the course. So we would work together, I would talk to her through clinical, I reviewed the content, I would check in with her, and every time she passed a test, she would send me text or voice mail and say Lauren, I passed. And she did, indeed, finish the course.

The other one that I remember was a total reverse story, there was a student who was really struggling in clinical and I should have failed him in 262. And again, he poured out his heart, and said that he couldn't disappoint his son, so I decided, ok he could squeak by into 263. And then he was horrific in 263. So I wrote him up as failure, but I didn't have enough supporting documentation at that point, so I got a call from the dean at home, who said that you didn't have enough documentation to fail this student. And when he walked up to pinning, the whole student body stood up to clap for him, so I am assuming he shared all of that with his fellow students. So, it impressed upon me in the clinical setting, first of all, I no longer encourage the students to share their personal information with me, and I go in, very tough in the beginning, and then, as the students grow and become proficient, and develop their critical thinking, and reach their clinical objectives, I give more of that personal touch with them, but I don't want to know about their backgrounds, because it is very difficult for me to stay objective.

**Evolving as an educator.** As a result of her experiences as an educator, Lauren's view of her students and her role as teacher had changed over the time. She had grown to view her role as a facilitator of students' learning experiences, while promoting them to take responsibility for their learning. She had also developed the ability to see each situation more objectively, which she felt was more productive for promoting the best outcome for the students, and in her other roles at the college.

That evolved over a period of time when I realized there was so much more for them to learn and think about. As a new educator in the clinical setting, I felt my role was in teaching them how to do things the right way, why they were doing it. The more that I was in the clinical setting, the less I did that and I would ask them, what would you do for this patient, what does this medication do, why is this patient on this? And then I would teach from that point, so I left it more open-ended and had the student engage in the learning, so that was a long process for me. That took me quite a few years to hit on the revelations that that was a more effective way of teaching than for me to just be telling them more information.

Lauren was a clinical adjunct for 16 years. She also worked as a per-diem staff nurse in the post-anesthesia care unit while she and her husband were busy raising their three children. In 2011, as Lauren's children were older and more independent, she decided the time was right to apply for a full-time nursing faculty position. "When this position became available, everyone at the college kept telling me that I was a good teacher and maybe I can do this.....so it was a good point in my life to transition into something."

Lauren's family was also supportive in her decision to become a full-time faculty member. While both of her parents had died relatively young and had not had a major influence in her decision to become an educator, she stated that both parents were very proud that she was a nurse. Lauren spoke about becoming closer to her siblings once their parents passed away, and how one of her brothers especially related to her choice to become an educator.

The person most enthused when I got my full-time position at the college was my brother who was in the Navy for 20 years as a pilot and had a wonderful career, and then decided to teach high school. He was the most excited person that I had gotten a college job. He understood what was involved and understood the demands and really felt it was prestigious. He was very encouraging and excited and would talk about it.

Lauren recounted how grateful she was to be offered the position as a full-time nursing faculty member and how she felt challenged to be able to live up to the expectations of the role.

First of all, I considered it an honor. To me, the most rigorous interview that I ever went through was the interview for this job. And just the fact that I got the position first as a temporary faculty member, and then as a full-time member, was huge for me. So, I really felt fortunate and blessed that I got the position. When I started in the position, I was just in awe of the talent of the faculty that are here. I think because it is a community college, the public perception is, oh it is just a community college, they don't understand the devotion and the talents of the

faculty that work here. So, I was just in awe of that, on top of being completely overwhelmed with trying to learn the content, learn the culture, and figure out all of the technical aspects, the informatics, so that was, kind of my initial thing was, oh my goodness, I can never live up to the experiences of all of these people.

In addition to the workload and time spent learning the content, developing new pedagogies, and learning how to navigate the role of nurse educator, in terms of her early experiences in teaching in the classroom, Lauren felt challenged.

It was terrifying the first year. That's all I can say. I would look forward to not being in the office and be back in the clinical setting where I was more comfortable and more confident. So part of it was learning the content, because it was content that I was not familiar with, because I teach on the neurological diseases and the eye and ear, and then part of it was in the delivery of the content, and the other piece of it was being surrounded by faculty who had been here, for the most part, pretty long, that were very gifted, very talented, had been in academia for a very long time and they would talk about methodologies and technologies that I had no idea of what they were talking about. Then I thought, how I can do this when I am so far below them in terms of ability as an educator.

The first time that you teach, it is very difficult to teach with someone else's content, and someone else's PowerPoints. It is helpful, yes, if it is done, but it is difficult to teach. The person whose PowerPoints I inherited thinks in a very different way that I think, so I think that was hard. But I would say, part of it was using PowerPoints, and students would ask a question, and I wouldn't know that

answer because I didn't make the PowerPoints, or some of the information would seem contradictory. I remember that first exam that we gave and I keyed in some of the answers wrong, or I didn't know the content so I didn't explain it clearly. And we had to nullify a lot of questions, and I think I went home and I was crying. I was mortified. And I work with faculty who have been here a very long time, I felt so inadequate, it just was not a good experience.

Lauren stated she was determined to learn to become more effective and comfortable in her role as an educator and as a result, attended workshops and conferences, and spent a lot of time developing teaching strategies. Lauren said that her confidence has grown greatly over time from learning and practicing new pedagogies, and from the experience of teaching several semesters in the classroom.

Until my third year of teaching in the classroom, attending a conference, and an online class did I feel I was able to understand the concepts of teaching and develop some the skills. So I think, this is my fourth year teaching, and I feel significantly better, I guess by the third year, I sort of got over the hump of that feeling of being intimidated and 'I am not sure I can do this' and I really focused on how can I best help the students to learn. And I tried different techniques, looked at different pedagogies, I was more comfortable with the material that I had to teach, and so I think that the more experience that you gain, the easier that is.

The primary focus for new faculty in the community college environment during the first few years of teaching is the development of an expertise in teaching, and requires

a strong and positive mentor to help guide the new faculty member as they adjust in their new role. Lauren discussed how helpful her mentor was in guiding her during her first full-time year.

Nora was my mentor the first year, and when I would stress out, she would say, just worry about teaching, you just need to focus on teaching this year. It was so good. And the next year, I would stress about something and she would say, just continue to focus on your teaching, the college will always be here. Do what you need to do. She would always frame it and put it back into perspective for me, so that was nice.

As this study was nearing the end of data analysis, Lauren was entering her fifth year of teaching and had grown more comfortable in her role. She continued to seek professional development in areas where she felt less confident, and had also evolved in the way that she viewed her students. As a result of her increased confidence, she was more comfortable setting boundaries and no longer felt that she needed to fix her students' problems. She has learned how to be open and fair, without needing to be strict or overly involved.

I think a part of it in terms of the academic piece is that I am more confident in my ability to guide and direct the student, whereas when I first came, I really did not have that confidence level, and again it was intimidating for me to be amongst people with such stature and longevity here that it was difficult for me. I have that confidence now, and the other thing that I do that helps me is I try and improve the areas I am weak in, I actually do some things proactive to try and



improve that. I just took an online course through the NCSBN on NCLEX test taking because we deal with that so much with our students that it also helps me as I gain knowledge and expertise in that area, as well as working with the students in general, so I do try and do that in areas where I am weaker and just overall to improve my knowledge. I also have found that I don't have to be a friend to the student and I don't have to come down hard on the student, I just try and be open and honest and guide them direct them from where they are at. If they want to share things with me, fine, but I don't probe, I don't get into their personal aspects, I just try and assess where they are academically, if there are any stumbling blocks they have to deal with, is there something we can do proactively. So that, in combination with increased knowledge and confidence on my part has made a big change. But I have to say the biggest thing for me was the confidence.

Lauren began as a full-time faculty member during a tumultuous time period for the college. The college president had recently resigned and was facing criminal charges, there was an interim president, a newly hired vice-president of academic affairs along with a new dean of the health science division. Additionally, the college was undergoing severe financial difficulties. Subsequently, a permanent president was hired, and a series of major changes were implemented including a reduction in force and reorganization of departments and divisions.

During the year that the participants of this study were being interviewed, many of the changes of the redesign were being implemented. Thus, the nursing department, while not severely impacted, felt many of the tensions associated with the major changes.

As Lauren became more confident in her teaching role and in her interactions with the students, she was more involved in the department. In addition, she felt it was time to become more involved in college committees, as this is what is expected of faculty as they enter into the college promotion process. Lauren spoke about her increased awareness of college issues and how she felt as a new faculty in the volatile climate.

The first year I was here I was temporary so I was just trying to stay on my feet and teach. The second year, now I am really here and I was ready to get going. The third year I was just very busy working on the grant, we were getting our London trip off the ground, there was a lot going on. I feel like this year was the first year that I really got engaged at the college level, and I am a quiet person, but I am not afraid to speak up if I feel strongly about something. I have to say, for the first time in my life in this environment, I am more hesitant to speak up because of the whole tenure situation, and there is a lot more politics here that I am not quite used to. So I am quiet, but I speak when there is something to be said. Personally, I am more comfortable in a group of 10-20 rather than in a large group of 50-100, so in Forum, I am not really comfortable to raise my hand and stand up. But I haven't felt so strongly in regard to an issue in that type of setting because I feel like I don't have enough experience to speak.

Lauren volunteered to be chairperson of the Institutional Planning and Effectiveness College (IPEC) Governance Committee in her fourth year of full-time employment. She spoke about how challenging it was to navigate the personalities and agendas of various committee members while experiencing the redesign at the college.

Ellen helped me the first half of the year, a few others would step in with support and then I decided that I am going to just move ahead, include the committee, we had some meetings, we made some decisions, and I decided I would do what I thought had to be done. If it's a problem, I am not doing anything wrong, I am just trying to move forward with the charge and committee and I wasn't getting a lot of input. I don't like to do things in isolation. I really philosophically believe that most people work better in a team. I think people's skills and abilities can complement each other for the optimal outcome. So I would just talk to people and put the emails out and say, ok, by this date, we are going to move forward with this and by that time, I was just moving forward with what the committee was supposed to do. And, if there is a big error or a total screw-up, it is what it is. I am just trying to do the very best I can do.

Lauren relied heavily on her ten years of experience in management and a good radar with people to help her make decisions regarding the navigation of the committee. As she was learning how to navigate students' personalities in the most productive manner, she was also dealing with some of the interesting personalities of faculty and administrators. She was in a precarious position as she had not earned tenure, and was determined to make politically correct decisions without causing further conflict in an already very unstable environment.

I had been in management for 10 years, I had done a few stupid things in management, and you know I was called into the office and I got my wrists slapped, but I never lost my job and there was never animosity. I never lost respect for this person and them for me. It made me a little wiser in situations. I

was young and foolish, and didn't really think all things through. So now I do that; I try and think about all contexts and talk to people who see things that I don't. I am more of a quiet person, I am not afraid to speak, but I always speak politically correctly. So now that I am chairing this Governance committee, and there are mixed feelings in the community, some revere the committee, other feel like it is dumb, let's get rid of it, every time that I speak, I go through the wording in my head as I don't want to antagonize one group or tick off another group, so that is certainly an area of growth for me. When I was younger and in management, I didn't particularly care about that and I did alienate some people that I worked with so I am trying not to do that in this environment.

The other thing that I think that innately I don't do, but now I strive to do is that there are certain people outside the nursing department that I really like and that I really trust and I will work with them, talk with them and bounce ideas off of them. I know they don't have hidden agendas, they are working for the betterment of the students and they are very honest and forthright. So I tend to, when possible, connect with those people, I guess we all do that. I generally have a good radar with people, sometimes it fails me. Very occasionally, usually I am pretty good with that. We have this from our experiences as nurses.

Lauren loved the challenge of becoming a better nurse educator. She had realized there are many imperfections inherent in this role, but, despite the turmoil occurring at every level of the college, she viewed the environment as being stimulating and dynamic, and was adamant about her decision to become and remain a nurse educator in this college.

The one thing that struck me immediately when I was first working full-time was I have to think of how to say this, and this was before all of the challenges that have come up this year at this college, and even before I started there was a little bit of chaos, the president had left, the vice-president had left, the dean had left, but I was still so impressed with how dynamic the environment was, how bright everyone was, how engaged everyone was, how committed and supportive they were to student learning, especially in the nursing department. If someone did something well, the next ten people would laud their accomplishment. I just found it very stimulating and positive all of the time. Even now, things are difficult college-wide, I am still so impressed with the vibrancy of people, how they are engaged, think through things, it is very fascinating and stimulating for me. And the other thing that I like about teaching is that I consider it a challenge. I love challenges, it is always a challenge; how to do it better, how to engage the students, how to help them to grasp the content. It is those two things that keep me coming back.

Lauren had become increasingly aware of the many issues nurse educators face in the community college setting and to stay grounded, would go back to the reason she was here at the college; to promote students to be successful. Lauren discussed how she had learned to focus on the student, and to become and remain objective when handling difficult student situations.

Now I am getting more involved at different levels and you see that it is not a perfect world that we teach here, so I try and always go back and focus on the students, why am I here? The students, I am here so that this is a positive

experience, and I can support these students and the leadership, so that the students get a taste of what it is like to be a nurse.

Being in the last course of the nursing department, the difficult thing we face is after the final exam there are a number of students that don't pass the course and many of them have a previous failure so they fail out of the course, and that can be very difficult because sometimes they are very angry, sometimes they are very threatening, sometimes they're just begging for one point on their exams so that they are eligible to continue on in the program. And it is five weeks from graduating from the whole program, so it is really devastating when they are not successful in the course. So I have learned from my colleagues who have much more experience than I have that the first thing to do is focus on the student. So, I do that, I don't always speak or deliver the way I should, but, we all try and focus on their feelings, their frustrations, and we review the statistical analysis for our exam. So we go over that with the students, so I am very thankful we have the testing center and we have the statistical analysis and we have something objective that we can say to the students; this is what your grade is. So, we just try and focus on that very objective criteria, and stress that when they say "oh I only needed .5 of a point." Then we look at the other objective criteria, such as how they did on the other exams, and we know that we have all bent over backwards, particularly this semester, due to the changes in the NCLEX pass rates. I know that we all do this as faculty, but I feel that when confronted with that difficult decision, I can say that I have done all of these things that were necessary to support their learning. We offer a number of things to support the

students so when it comes down to them not being successful on the exam, we can say, did you this, this and this. This was your grade and that helps that decision.

One of the bigger transitions Lauren had to work through as a new educator involved the need to establish connections in the outside nursing world. Since she taught students getting ready to graduate, a great deal of emphasis was placed on getting the students prepared to practice by working with effective preceptors in the clinical setting. As a new faculty member, Lauren did not have these connections, and said she felt very frustrated with her own inexperience. Over time, Lauren was able to establish connections and felt more effective in this area.

And for us, we are in the last course, I teach the last two courses, we are not only focused on them being successful in the course, you are also pointing them to what they are going to be doing when they finish the program. The faculty I work with have been here for so long and have so many connections outside of the setting that I didn't have, I was not really comfortable with that, now I am. So that was really a bigger transition than I thought it would be. So I would say that is the biggest change.

As Lauren gained confidence through her experiences, when confronted with a difficult student situation, she learned how to remain objective, focus on the student, and maintain clarity of the situation. Lauren recounted a story about a student who chose to not continue with the program after failing the final semester of the program.

It was interesting, we did have a student last semester who was eligible to return to the program and opted not to do that. So that was the first time we had seen

that. The student had another career, it was not anywhere local to this college, and felt that she had put all of the time and effort into this and she could not expend anymore energy on another semester; that was it. She was angry and upset, but, I tried to focus on the student and everything I have done as a faculty member to support them, and then the decision is really guided by objective measures. It is a little more challenging in the clinical setting, and I have to say, since I have been a full-time faculty member I haven't had those really tough clinical situations; I had them earlier on when I was an adjunct when I was not always objective. Now, most of the time it has been really clear.

Lauren continued to talk about her increased awareness of issues within the college and how the unstable climate has not changed her love of her job.

This year has been a little more challenging because I am more involved and I am more aware of the politics that are happening that I was totally unaware of prior to this year. It is not bad enough where I would consider leaving the job, I love working with the students, I love teaching, I love thinking about what is the best way for them to learn. I love thinking about the content and what is the best way for them to learn and understand the concepts. I do love the intellectually stimulating environment, as much as there are some brilliantly crazy people out there, and among us, I love that, that people are out of the box, there are really a lot of gifted people. I just really enjoy the environment overall.

Her increased involvement in the college during an unstable period has caused Lauren to experience challenging situations, and often perplexing colleagues. Lauren shared the



strategy used when she recently dealt with a challenging colleague.

I had been with a colleague that happens to be on two committees that I am on and is not in our department, and is an administrator. She hasn't made my life difficult but there are very strong hints that could possibly be the case. I just try to diffuse it. Thank you for your constructive criticism, I will keep that in mind. I don't have that warrior nature that people have, I just feel that it is more constructive to build bridges with difficult people than to pile onto the conflict. It is my management background. The goal in management is that win-win situation and just because I don't like someone or I think they have issues related to their position, or, whatever it is, I try not to let that interfere with the work I need to do or I just try and focus on the work and diffuse the particular situation. That is just how I deal with it.

Lauren says she has also become more aware of decisions made which are not always policy-driven. She struggles with these decisions, as her background in management reinforced the notion that policies are clear and almost always adhered to. Lauren naturally seeks order in her environment; as a nurse educator in the community college setting, she was learning how to consider various perspectives when confronted with ambiguous situations.

I would say, it was coming to the end of the third year when I really started to gain some confidence. And to know what is right and true, you know it is a tricky thing in academia because when I was in management there were rules and policies and you followed it, or you didn't. I got here and there were a lot more

grey areas, and I have seen situations where decisions were made where I thought they were absolutely wrong regarding a student, and then I see a positive outcome for the student. So it has made me rethink, I am not talking about the ethical things, different types of situations, so it makes me rethink that. There are certain things ethically that cannot be crossed, such as students cheating, and I just take a hard line on that, but some of the more fluid things I have learned to sit back a little bit more and look at different aspects of the situation.

As a junior faculty member, Lauren felt that politically, she could not always express her thoughts on certain topics, particularly in regard to the lack of adherence of policies. She shared her thoughts on why she believed there are issues with the enforcement of policies.

There have been some decisions made that I don't agree with; I tend to more of a concrete thinker, black and white. I do have the ability to see both sides of a situation, but, my feeling is that if there are policies in place, they should be adhered to, otherwise, don't have a policy. And I have an issue with that, and as a junior faculty member, I don't raise a big flag about it because it is not helpful for me, and politically that is not a correct thing to do. And I would say that is probably the biggest issue. You know and again, I think a lot of that started when we had Superstorm Sandy and collectively as a college, we were told to reach out to our students and help them as much as possible, but I believe that has continued on. Maybe sometimes there is reason for it, it is very clear, and other times, it is not as clear why those considerations should be made. I don't always agree with

them. I also think that there is pressure on administrators and deans to keep enrollment up, for student completion, and I think that is also a factor.

Lauren also noted the high value placed on discussion in academia. While she had learned to accept various perspectives, she valued people who are able to move the discussion forward to achieve an outcome.

I have definitely been changed by my experience because I came in here to, wait a minute, why this happening, here is the policy, or this is what decision was made, or this is just probably true of academia. I shared this with people I know from academia in other institutions; the discussion, there is such high value placed on the discussion. And the different pedagogies, the different ways of thinking and the intellectual property, far and away different from anything that I ever dealt with in a clinical setting. I have come to respect that, but I still, highly value those people that can move the discussion to an end point, to a decision point, summarize it and provide some clarity for some people. So I am valuing it more, in the beginning, I was pulling my hair out, or thinking, what am I doing here?"

As Lauren gained experience in the faculty role, her ability to be an effective educator improved. She stated that while she was more internally motivated than externally motivated, she has received positive reinforcement that made her feel good about her work.

I had a student, an online student, I know the student from outside the course and it is a quiet student, and out of the blue sent an email, thank you, you are the best instructor, you are the best teacher that we have ever had, and you don't assume

that we know things we don't know. I enjoy listening to your PowerPoint, you make the content really clear, thank you. It was totally out of the blue, and I just thought, oh wow, that is kind of nice to hear, because we tend to hear the negatives more than the positives. So it doesn't keep me going, but it is nice to have that affirmation that I am on the right track and at least some people I am reaching and being effective in my teaching.

I see former students all of the time, I see them in three different hospitals that I tend to be in. And it is gratifying to see a former student working in a position, it is very rewarding.

It is interesting, this stuck out for me recently, the first time that I teach in the classroom is at the very end of the course, the students have taken their second exam and I walk in to teach. And their eyes are literally glazed over. And part of the lecture is about trauma, and I collect all of these mannequins, and I set up all of these mini simulations and try to get the students up and engage them. I have been trying this for a couple of semesters, and one of my colleagues said, that is a really smart thing that you do when you do that. And it was another, oh, ok thank you, it is nice to get that affirmation. It is not expected, so when I get it, it is really appreciated.

As a full-time nursing educator, there are tremendous demands on one's time due to the diverse needs of community college students, developing effective pedagogies to facilitate learning, and the major responsibility involved in the clinical setting. Nurse educators teach the didactic portion in the classroom and/or online, and also oversee 11

hours of weekly clinical time where they supervise ten students caring for between 10-20 patients in total. Lauren discussed the adjustments she learned to make to the workload, and the strategies that she has utilized to learn new information, particularly involving technology.

I think because there is a lot of work here, when we work, we do a lot of work. I spend a lot of time on technology. My biggest challenge is technology. I am not good at it, I am not intuitive with it. I am always afraid I am not using it correctly. Like I am going to wipe something out. I will spend 10-15 minutes on something, and then I go to an expert. I go to a faculty member, a colleague, I will call the Innovation Center, and I will do some research, and I will try and tackle the problem on my own, but more often than none, I would say the strategy I use most is that I go to an expert. And I say, I want to bounce this idea off of you, if it is something I am thinking about or conceptualizing, or if it is challenging, how do I do this type of thing? Or what is your experience? I go to someone who is an expert in the area.

When asked how she found an expert, Lauren responded that she has always relied heavily on her intuition and felt that she has been fortunate in her dealings with people. She recently had to make a college-wide presentation for the Governance committee that she chairs, and instinctively knew she was not prepared to handle it alone. Lauren's self-awareness and strong intuitive nature was evident in the following story.

I have a fairly strong intuitive sense concerning people. It starts with who I trust and who I don't trust and who is that expert and who is not. And I know that is

simplistic and it has worked for me almost always. And you can always see who your informal leaders are in a group and who your formal leaders are, so, I look at those things, I go by my intuition. It is interesting because I did a presentation recently at forum, I asked somebody who I did not know at all to present with me, because it was somebody that wasn't from my department and I did not relate to, but I knew that person also has an interest in the topic and I knew from the governance chair so I thought, alright, maybe he is interested enough to do this presentation with me. And I probably had three or four people say to me later, that was a really smart thing to do. And, I didn't realize how highly esteemed this person was until after the fact. I had it in my gut, and he seemed to have interest, it just, I am telling you, God took care of me to bring him to the forefront, and it was just my sense that he was trustworthy and he was interested and after the fact, it became clear, and that he was highly esteemed and that was a smart thing to do. That is it sometimes, I just think it was luck. My intuition was that I didn't want to stand up there alone, but I knew intuitively that I needed somebody more experienced that was recognized by the college, that was where to go.

Lauren said that the responsibilities of a being a full-time nursing faculty member have caused her to re-evaluate the way she works and how it affects her time with her family. There is always work to be done and something to improve upon, and of course, that internal satisfaction with doing a good job with one's work. Lauren said that while she enjoyed working and aspired to perfection, she was learning how to moderate her work time to save time for her family and friends.

My experiences, I guess that they play a role in that I find it very easy to work all of the time. With this job, you can work in the office, you can work at home, and you can work literally in the middle of the night. You can just work. I never really considered myself a workaholic, and I never minded to work, and I am a perfectionist, which I am starting to re-evaluate that and think, maybe I have to learn to let some of that go, and work more efficiently. Because the experience has made me re-look at my role in the family. The kids don't particularly care if I am not around a lot, but my husband does a lot. And I don't want to be working and negating something that the kids may need, or time that my husband may need. So it has actually caused me to re-evaluate my role at home more than my role here. Does that make any sense? It was interesting in our college leadership program, when we met with those who had leadership positions, I said to a current leader who now has a very high level administrative position, I said to him at the time, so how do you balance it all, how you balance your own education, your work here and your family? He said, I basically didn't sleep for 5 years. That wasn't the answer that I wanted to hear. So I am re-evaluating that, and I was going through my head the perfectionist thing, I have to re-evaluate it. And it is not my expectation for other people. It is self-imposed, I will do a PowerPoint and then I will revise it and revise it. And you know what, no one really cares that much- ha-ha.

Last year, when I was going through our leadership program, one of my goals was to block out time that I would not do any work. It got to that point where I had to mentally make a notation to not work and I am talking Friday night,

something really extreme. And I have carried that through this year, it does stress me out sometimes because I feel like I am a little behind with work, but it always works out.

In addition to learning how to moderate her work and home life, Lauren said that she had always had a strong sense of what she knows to be right and true in terms of her personal and professional morals, ethics, and standards. This knowing has helped her stay grounded as she has transitioned into the nurse educator role. Lauren's strong sense of faith and her "internal compass" play a major role in keeping her centered in her everyday life, and help guide her decision making. Once again, she was learning how to let go of certain expectations in order to stay centered personally and professionally.

So have my morals and value changed? No, I would say not, I have strong faith, so when I stress out, I pray, I say alright, I just need a little time, I open up my bible, read a little scripture and that refocuses me more than anything else. Because otherwise I can put myself into a tail spin, so I think maybe I let it slide more than I should, because when I start to get stressed, that is what I have to come back to.

Once I got comfortable with the content and teaching, I had this hope that I was going to get my tenure and get promoted no matter what. I was to work as hard as I needed to, do whatever I needed to do. And I did that in my third year, to the point that I would do that; work every weekend, late at night, and my husband was very patient, but I could see at the end of the year that it wasn't a really positive thing at home, although we were fine. So, it just helped me put into



perspective that I just need to do what I do well, focus on the students so that they can be successful, manage the political scenery here, and not have these expectations of 'I am going to do this, I am going to achieve this' and so I have let that go and that has reduced a lot of self-induced pressure on my part.

Lauren had also grown in the way that she guided students rather than fixing their problems. She spoke about this often as a major revelation in the way she has changed in her perception of her role.

So before, it was kind of like, I feel really bad for this, let me see if I can fix it for you, and I guess my worldview is more that everybody has stuff, some people, a lot more than others, and I have learned not be judgmental at all, because who knows how my world is going to change six months down the road, but to embrace that is where they are at, and to have them engage in the process of working through those stumbling block issues for success. At one point in my life I think I would have been totally sympathetic and judgmental. So now I have sort of abandoned both of those. So here is where you are, here is what you have.

What can you do, I can help you in this regard, and what can you do. It is putting the focus on them.

Lauren continued to recount a story illustrating how she had learned to be a more effective educator by avoiding judgment when her students share their personal thoughts and issues.

I have actually had students say to me, in the middle of 262, with six weeks left in the program, I had no idea that this is what nursing is like, I am not sure if I want

to do this. I am not kidding, I have had two students who have recently just broke out in tears an hour after a conference once day, you know and it's interesting, both had parents who were nurses and were kind of steered or directed, pushed them toward the profession. So we had a heart to heart, tell me what you are thinking, tell me why you are doing this, and, so it is very interesting, when you really listen to what some of these students are working through. And they both finished and the one that broke down in tears, I saw her mother recently because I work with her in another setting. She is working in a medical center, living in Jersey City and seems to be doing well. I don't know about the other, I lost touch with the other student. And apparently, I hear later, there were a lot of things that she didn't share with me. And that is another thing, I don't probe or delve into people's personal backgrounds unless there are certain issues that I need to know. Before I would tend to go from one end to the other...judgmental or sympathetic.

Being a nurse educator in the community college setting involves dealing with students from diverse backgrounds. Students are often the first in their family to attend college. There are also more men entering into nursing. The nursing faculty at this college were female and Caucasian. Lauren believed that if our faculty were more diverse, we may better serve our students.

I think it could be a possible detriment to some of our students. As much as we all really strive to be culturally aware and embrace diversity, my experience is not the same as somebody whose experience is from another country, who grew up in a low income area, who had a different type of experience with education. It's just not, and even though I know people in those areas, it is just a different experience.

That being said, this is who I am, I will support the students however I can, but it can be challenging, because we (nursing faculty) are very similar in our cultural backgrounds. For me, personally, for my effectiveness as an educator, I don't think it has any impact, I think that women and men bring different things to the table, just by our personalities and how we approach life and I don't think one is better than the other, you may be able to relate to a student that I can't and vice versa, that is true of all of us, whether we are men or women, but I think we probably don't serve our students as well as if we were a diverse faculty.

Lauren believed that most female nursing faculty have a maternal instinct that drives them to nurture students, but learn, over time, that they cannot "fix" students' issues. Lauren has learned to help students focus on what they must do for themselves, rather than what she can do for them.

Yes, help people succeed, watch over them, take care of them. I find now it's not so much the maternal instinct I have, but the instinct to fix things. I have had family members and others tell me you are a fixer. I think that inherent for us as nurses, we assess something, we identify a problem, and we determine how we are going to fix it. So now I think I have embraced that more than the maternal instinct and again, the students have to take the responsibility and initiative. We can support them and encourage them, but we can't always fix what needs to be fixed, in terms of student success. And I do a lot more of, instead of me talking, where are you at, what are you thinking, do you see any stumbling blocks, what helps you, what hurts you, and I try and have the student focus more on them than me, and talking about how it can be fixed by them.

Being a new educator was challenging to Lauren. Through her experiences, she has proven to herself that she possessed certain strengths when working with others, and had significantly gained confidence in her interactions with students.

I guess that I realized that I am not as dumb as I thought I was. Because it's just very overwhelming, the intellectual aspect, and I had been in the clinical setting where so much of it is performance based, and not as much of the critical thinking and creative component. That was one of the first things that I noticed about being here and one of the things that I love about being here is just the intellectual rigor, and the gifts and the devotion of the faculty. I guess how I have changed is that I have realized, I can do that too, I have things that I do well that other people don't and I have areas that are strengths for others. You and I are a perfect example, you can have 50 ideas on the fly at once, but I am really good at practically how do we do this, how do we move forward on this? From A-B-C-D. So that is why I really like working with other people. I really think that people's gifts and talents can complement whatever the project is, for a better outcome.

I am more comfortable with students, so I have to say once I got comfortable with the content I was teaching, and once I got more comfortable with my role as a faculty member, I was more confident in being able to connect with students. And it took me probably two years to get to that point, which is kind of stupid because you would think that I would have that right off the bat, but I really did not have the confidence to advise them, guide them, direct them, I could clarify the content but really that took a long time, that took longer and I would say really, now I am finishing my fourth year, now I am comfortable with that. But

that probably was the longest process, to start to get comfortable and really have the confidence, I would say a good three years.

Lauren said that her view of the world has also expanded in terms of her personal limitations. She has become more open in trying new pedagogies, while learning to understand why rules and policies may not always be the best way to deal with challenging student situations

I would say that I have definitely changed in the way that I view the world. I always considered myself to be open-minded and I would say that I am more open-minded just in first of all personally, what my boundaries and limits are. When took this job, I didn't even know how to put a PowerPoint together. It was very intimidating, I hadn't used technology in years. So, I have learned that when there are new things, new technology, new ways of doing things, just to be open about it, and not to assume it is bad. Or that I can't do it, like here is something new, maybe I can do this.

Being here has changed the way I learn in that I am probably more linear, but I am not rigid, I guess. But I am realizing that there are a lot of different ways to learn. A lot of different ways to consider and view things that I don't think about. So, it's opened my horizons to that. Even though my learning is the same, I am more willing to expand my horizons and try to think out of the box, because I have to work at that. It's not a natural thing for me.

On a broader level, there are so many different perspectives that I had not considered in particular situations. I still have my value system and my faith is

huge for me, I just understand that there are multiple viewpoints and there are many considerations that I didn't think about. So I just feel like it has just expanded my world in general, in terms of simple things such as technology and all of the ways to view those bigger issues.

Lauren said that her experiences as a newer educator have changed the way that she knew what is right and true, and how she understood her world. She felt there was a lot more ambiguity and blurred boundaries regarding right and wrong in academia, as compared to her prior experiences in management positions.

In terms of knowing what is right or wrong, that I just find it interesting at the college, and I am speaking on more global college levels, especially with the changes in leadership and some of the politics that are going on, it is just amazing to me that some of the boundaries are so blurred between what is right or wrong, and I am sort of attributing that to academia. So it is interesting.

Lauren had seen a change in the way she knows and views situations in her professional role, but was not certain whether this has extended into her home life.

I think I bring this expanded thinking back to my home, but I don't know if my family would agree with that. But you know I am also in a transition period at home because my youngest child is leaving for college so there are so many changes regardless, so what is the saying, the one thing that you can be sure of is there always will be change - change will always happen. That's true and I am one of these people, I sort of like order, I have a peace and calm when there is order. There is usually no order in my house or in my life. So I am like, God,

what are you trying to teach me here? I think I do bring that in my home, the thing is with my home situation, my husband is really out there, so that I anything I do, it looks like I am really regimented and rigid. I try and tell my kids, you have no clue. How other people are, and once my oldest went to college, she came home and she got it and she said, oh, now I see. My husband is kind of so out there and it sort of slants the perspective of everyone. So I think I am more open and view things differently in the world.

This chapter has depicted the told, retold, and relived stories of Nora, Ellen, and Lauren's experiences in becoming a nurse, becoming a nurse educator, and evolving in their role as a nursing faculty member in this community college environment. The next chapter, in consideration of the three dimensions of time, place, and sociality, will detail the themes which emerged from the cross analysis of these stories.

## **Chapter 5**

### **Emergent Themes**

In Chapter 4, Lauren, Ellen, and Nora's accounts of the journey each experienced in becoming a nurse and a nurse educator were retold by this inquirer. The thoughts, feelings, and ways of knowing of each participant as they evolved through their experiences as nursing faculty members in the community college setting were also recited. Each educator's account of her experiences stemmed from her own unique perspective, over time, in the community college setting. As each anecdote or story was shared, the relational aspect between me, and each of the participants, as well as my own unique experiences and perceptions of my role, influenced the way that I have retold their accounts.

Narrative inquiry is a relational inquiry. The participants and I worked together to create the final research texts. As each account was shared in this inquiry, there was a reliving of these experiences between the participants and I, and a subsequent analysis of the meaning of the stories in the context of the three dimensional framework of time, place, and sociality, with the intended goal for the readers of this study to relive, and as a result, gain a better understanding of the experiences of nurse educators in the community college setting.

Based upon reading and re-reading field texts, as well as multiple conversations with Nora, Ellen, and Lauren, this chapter will detail themes that have emerged as a result of cross narrative analysis. Becoming a nurse educator, being a novice educator, and evolving as an educator will be discussed incorporating themes involving the roles and



responsibilities of being a faculty member, the commitment to students, and the challenges and rewards of working in the community college setting.

### **Becoming a Nurse Educator**

Nora, Ellen, and Lauren spoke of several common threads related to their reasons for becoming nurse educators at the college including the positive influence of an experience with a teacher, the flexible schedule, and doing something meaningful with their Master's degree. Additionally, because teaching patients and their families is a primary responsibility of the nurse in almost all venues of practice, each participant of this study had viewed themselves as a teacher prior to becoming a nurse educator. The relationship between the nurse and the patient and their family is one of caring in which the nurse's role is "promote health, prevent illness, to restore health, and to facilitate coping with disability or death" (Taylor, 2014, p. 10). The caring relationship between student and teacher can be compared to the nurse-patient relationship as nurse educators seek to teach and promote success and a positive outcome for their students. (Baker, 2011; Datillo, 2009; Duphily, 2011; Morris, 1995.).

Nora and Lauren were also inspired by teachers they had known or worked with. Nora spoke about her family's expectation that she would become either a teacher or a journalist, like her father, and how that may have played a role in her decision to pursue nursing education. Lauren was profoundly influenced by her experience teaching diverse students during a community service learning experience. She recounted how much she enjoyed the experience of working with a challenging group of students. While Ellen

was not directly inspired by a teacher, she felt that nursing and education “kept coming back into her life in different ways.”

The nursing faculty members were also drawn to teach in the community college setting because of the flexible hours, and each felt that they would be using their education in a meaningful way while serving the community, and paying it forward to future generations of nurses. Lauren was an adjunct for 15 years because of the flexible schedule. She spoke about leaving her full-time management job after giving birth to her second child, and that working as an adjunct fulfilled the needs of her family at the time. As a mother of four and married to a nurse who worked every other weekend and holidays, Ellen also found it appealing to be able to be with the children while working around her husband’s work schedule. The hours involved with being an educator also factored into Nora’s decision to pursue education, “You know, the weekends were off.” When her family relocated to New Jersey, she felt it was time to “re-focus her life, spend more time with her children and jump into education.”

In addition to being inspired to teach as a result of prior experiences and the flexible schedule afforded by being an adjunct, the three educators viewed nursing education as being meaningful and challenging. Lauren felt that the college was a familiar place as she had already done one semester earlier in her career and also cited the stellar reputation of the program. Ellen felt that teaching would be using her “education for something worthwhile.” Nora had heard about the college’s well-known nursing program by colleagues when she was living out of state, and recounted how she researched the program in the library and, based upon the program’s positive reputation, decided this was where she wanted to work.

**Novice educators: learning a new role.** Nora, Ellen, and Lauren began their employment at the college as clinical adjuncts. When reviewing their stories, an overarching theme became apparent in regard to their early years. “Learning a new role and how to be comfortable with being uncomfortable” entailed the novice educators’ feelings of being “out of control”, “lacking confidence”, and the “need to read everything” to know what the students were learning. All three educators agreed that it took them at least two to three semesters to even begin to feel like they were in control enough to “let go.” They also shared the painstaking way they each learned how to maintain objectivity with their students.

Lauren spoke at length about how she greatly enjoyed teaching the students due to her expertise in the clinical setting, but wasn’t comfortable in her role as a new educator. As told in her story of the students with personal issues, Lauren initially sympathized with students and learned the hard way that this prevents the instructor from maintaining objectivity. Lauren realized early from these experiences that it was better to not encourage students to share their personal issues, and to be “tough in the beginning, and then, as students grow and become proficient, and develop their critical thinking and reach their clinical objectives, one may offer more of that personal touch with them.”

Ellen also felt comfortable in the clinical role in terms of her experience as a preceptor to new employees in the hospital setting. Like Lauren, in spite of her clinical expertise, Ellen spoke about feeling very anxious on the first day of clinical. She stated that she felt she needed to maintain structure in her early clinical experiences and as her confidence grew, she was able to “let go”, become more spontaneous, and “let the conferences evolve.”

Ellen's feelings of anxiety and frustration were evident as she shared her feelings of discomfort when she had to tell a student, on her own, that she would be dismissed from the program. Ellen felt very alone and unsupported as a new educator. Although her mentor was part of the process, her sense of isolation clearly demonstrated the need for strong guidance and support for beginning educators (Cash, Daines, Doyle, von Tettenborn & Reid, 2009; Duphily, 2011; Gardner, 2014; Weidman, 2013). As a result of this experience, Ellen said that she strived to ensure that people are fully supported when confronting challenging students and other situations.

Like Ellen, Nora also felt "terrified" and "out of control" during her first clinical experience. She recounted how much it helped to be told to expect that "you are going to feel out of control at least one part of the day" and that she would have to "step back, look at the situation and pull yourself back into control." Nora said that over time, she "learned the strategies to not be as out of control." It appeared that in order to gain control and confidence as a new clinical educator, all three faculty members attended adjunct workshops, read textbooks, and watched "how other nursing faculty were doing things." Each educator also spoke about relying on their intuition to help guide decision making.

Nora spoke about the challenge of dealing with an unsatisfactory student for the first time. She relied on her course mentor, department chair, and director to help guide her in learning how to write an anecdotal note objectively, as she learned that appropriate documentation must be thoroughly completed in order to fail an unsatisfactory student. She remembers that "it was difficult, it was awful" and "getting my arms and my head around the objectivity was difficult. If you have a grade it is great, but I wanted to be

sure that the student was really unsafe and how did I determine that. I just needed a lot of help tying the anecdotes to the clinical outcomes.”

Similar to Ellen and Lauren, Nora shared how the emotional piece was so challenging. “How to deliver the news without devastating the person.” This was a common thread among all faculty, and this researcher. All faculty shared that although they have become more proficient in the documentation of student failures, it was never an easy process to deliver the news to the student.

### **Becoming Full-Time: Waiting Until the Time was Right; Feeling Grateful and Challenged**

As told in Chapter 4, each educator worked as a clinical adjunct for several years before becoming full-time faculty members. While details varied, all agreed that they applied for the position when they knew the timing was appropriate in their personal and professional lives. Nora, Ellen, and Lauren stated how they each felt grateful to be chosen as a full-time faculty member, but also felt overwhelmed by the new role and responsibilities.

As Lauren was the most recently hired educator in this study, she shared clear and vivid memories of her first few years, including how honored she felt to be working full-time among the nursing faculty. She expressed feelings of being overwhelmed in the new full-time position and spoke about the challenge of learning content that she was not familiar with, along with the technological skills and abilities which were required in the role. Lauren’s stories suggested that she may have been somewhat intimidated by the experienced and talented faculty in the department.

To become more effective and comfortable in her new role, Lauren attended workshops and conferences, and spent time developing and testing out new teaching strategies. As a result, Lauren's confidence grew significantly over time. At the time of this study, she had completed her fourth year of teaching, and said that she "felt significantly better" and "by the third year, I sort of got over the hump of that feeling of being intimidated and really focused on how I can best help the students to learn."

Ellen also applied for a full-time position when she felt the timing was right for her family. As told in Chapter 4, she described her early years of teaching as thinking she was the "teacher up on stage in the classroom" and that she believed she was fully responsible for the student's learning and grades. Through her experiences, Ellen eventually learned that she was not entirely responsible and shifted the accountability onto the students. "I grew to realize that I will not take blame for their failure, and at the same time, I will not take credit for their success. I am letting the students learn it, instead of them letting me teach it." This researcher related to this understanding as well. Student nurses must be taught to take responsibility and be accountable for their learning. An ethical standard of the nursing profession is to be a life-long learner (ANA, 2015). This concept must be fostered early on in the educational process.

Nora was a clinical adjunct for seven years, and felt that when her oldest son began high school, she was ready to take on the challenge of the full-time faculty role. She was well aware of the time commitment involved and knew she wanted to "wait until the time was right." Like Lauren and Ellen, Nora also felt challenged during her early years as an educator. She remembered being very busy learning curriculum and how to teach, while dealing with many interesting and often challenging personalities. Nora was

also very involved in college-wide initiatives and “all of the other stuff that you have to do to get promoted.”

### **Evolving as an Educator**

This section details the themes which emerged from the stories told by Nora, Ellen, and Lauren in terms of their experiences as they grew and evolved over time as AD nurse educators. Considering the three dimensions of time, place, and personal-social, sub-themes emerged incorporating the community college environment; first, the evolving roles and responsibilities of a nursing faculty member, followed by each educators’ perspective regarding their commitment and dedication to their students, and finally, coping with the challenges and rewards of working in the college. A discussion of how the temporal aspect may have had an effect on each educator’s perspective will also be discussed.

**Community college: evolving faculty roles and responsibilities.** The first two or three years of a faculty member’s work in the community college are focused upon developing teaching excellence. Faculty members receive student opinion reports (SORS) each semester and are evaluated by the dean of their division. From this feedback, as well as students’ informal feedback and one’s own reflective practice, faculty make changes in their teaching, with the goal of becoming more effective in promoting student success. After a number of semesters of acquiring experience and gaining confidence, faculty members are expected to become active on committees in their own departments, participate and lead in college-wide initiatives, and become active

in community efforts. Thus, the length of time that each faculty member was at the college influenced how each evolved in their role.

The internal and external environment at this college also influenced how Lauren, Ellen, and Nora grew in their roles. Since Lauren became a full-time faculty member during an extremely tumultuous period at the college, she experienced uncertainty when she first became full-time, but added that she was not as aware of the complexities until she became active in the college. Lauren said that she remained focused by continually reminding herself of why she was there: to promote student success.

In addition to becoming more aware of college politics, as Lauren became more involved in college-wide committees, she encountered challenging personalities. She credited her management background with helping her to maintain her focus, and said that she strived to work through problematic situations with a “win-win” outcome.

Ellen became active in the college during a relatively stable time, and shared how much she enjoyed participating in college-wide activities, getting to know people outside of the department, and learning about the college from a broad perspective. In 2012, during the early stages of tumultuous times in the college, as part of the re-accreditation process, the nursing program was required to institute a Director of Nursing position. As Ellen described, she thought long and hard and, due to several factors including her personal responsibility to the department, and as a role model to her children, she volunteered for the position. Ellen felt the time was right for her to lead the nursing program, knowing that the new role would be highly challenging.



Nora's lengthy experience in the faculty role and her internal drive for self-actualization offered a slightly different perspective. As mentioned, she spent her early years chairing committees and doing the "things necessary for promotion." After obtaining promotion, Nora began to think about how else she could improve herself while promoting success for her students. Nora's sabbatical for nine months to complete the NP degree was "the best thing that I ever did for myself and the best thing this college ever did for me. I needed clinical, I needed something." Nora's quest for knowledge and improving herself ensured that she was fresh for her students while satisfying her need for an added challenge.

Nora furthered the fulfillment of her needs for self-actualization by agreeing to become department chair, and described this time period "as being one of the most important times in my career." Based upon her experience of managing a dynamic nursing program while working closely with the Dean, Nora learned the value of considering the moral, legal, and ethical ramifications of one's decisions in all situations.

Nora reflected upon that time period as "the most work I have ever done in my life, it was just constant stuff to keep track of" but also said that she didn't "have any regrets because of all that I learned." Nora also studied and successfully passed the distinguished Certification for Nurse Educators Exam (CNE) which she described as another means for learning further about the "nitty-gritty" of education including the theories and background as to "why students learn the way they do, and why we write tests the way we do."

As Nora continued to evolve as an educator, she was also assisting to advance the status of the nursing department. Contributing her strong writing skills during the application process, Nora was a major force behind the program's achievement of the highly respected National League of Nursing Center of Excellence Designation (COE) in 2009 and the re-designation in 2012. Nora credited the work of a strong and unified faculty for the achievement and remembers that time period as "being the best time in this program."

**Community college: commitment to the students.** In addition to the way that Lauren, Ellen, and Nora had grown in their roles and responsibilities, another theme emerged involving the commitment each felt for their students. As discussed in Chapter 2, along with the varied ethnic, religious, and socioeconomic backgrounds, students enter the community college environment with a diverse range of learning styles, are often the first in their family to attend college, and may not have many external supportive resources available to them. Lauren, Ellen, and Nora spoke at length about their interactions, and the central role that students played in their work. Based upon their unique perspectives, each faculty brought rich insights worthy of sharing with readers.

Once again, being the most recently hired full-time faculty in this inquiry, Lauren's perspective stemmed from years spent as an adjunct, as well as her more recent experiences as a full-time faculty member. When asked about her experiences with the students, she offered a point of view coming from being a faculty member in the last nursing course. As she recounted the challenges she encountered when dealing with angry students who had progressed to the last course and then failed out of the program, she said that she had learned to focus on their feelings and frustrations, while reviewing

the statistics of how they failed the course. For many of these students, the money and time spent, along with their personal struggles, made the failure devastating to them.

Lauren grappled with the emotionality of the failure of these students and repeatedly spoke of the challenge of staying objective and remaining focused. As she confessed to be a natural “fixer”, she was learning to be impartial and to embrace where students were in their lives, while assisting them to “engage in the process of working through these stumbling block issues for success.” Once again, the evolving nature of being an AD nurse educator was evident. Lauren continued to learn how to integrate her experiences to best promote success for her students. Her honesty and openness conveyed her willingness and interest to learn and grow in the nursing faculty role.

Ellen and Nora offered perspectives which reflected the length of time they had been full-time educators and also conveyed their ability to grow through their experiences. As documented in Chapter 2, Gardner (2014) asserted that once a nursing faculty member passes the five year mark of being an educator, there is a transition toward becoming more effective in the role. McBride (1985) asserted that there are four stages of a career that evolve over time: preparation, competence, facilitating others, and becoming an advisor or mentor. Preparation involves the education and attainment of the degree necessary for the role, competence is the development of the expertise in the role and the certification recognizing the competence. Facilitating others occurs once competence is achieved and entails taking on leadership roles such as department chair, director or dean. Becoming an advisor or mentor is ensuring that plans are in place for future educators and/or developing the science of nursing education (Billings, 2008, p. 343).

The findings from this inquiry suggested that as a newer educator, Lauren was developing competence in her role, and that her perspective may have been somewhat less broad as compared to Ellen's or Nora's view of their work role and environment. While Lauren was open and self-aware, once she attained tenure, and the added confidence acquired through time and experience in the classroom, she would become even more focused on broader issues. This was evident in that Ellen and Nora, both more experienced and tenured, made repeated comments about the value of their work and how the nursing program was life-changing to our students.

Ellen's comments in Chapter 4 revealed her dedication to the students and the community college mission of open access and affordability, and acknowledged how attending college for many of our students is transformative. Her view of the controversy between ADN verses BSN education has changed as a result of her experiences as an ADN educator. She advocated for the ADN as the most "affordable way to get to the BSN" and described her thoughts regarding the ADN students. Her expression of her passion for her work and the value that she placed on people demonstrated her true commitment to the process. Considering McBride's (1985) stages, Ellen was a facilitator in her role as Director of Nursing. "I place value on the people, and I place value on the job that I do. And I place value on caring for others, that service for others."

After being an educator for 29 years, Nora's stories also demonstrated her overwhelming passion and commitment to ADN education. As she was preparing for her retirement during the interviews, there were often emotional moments displaying how strongly Nora identified with her role as nurse educator, and was thoroughly satisfied from her interactions in promoting success of her students. As noted in Chapter 4, Nora

stated that the main reason why she remained as an ADN nurse educator in this college was because of the students. “The essence of it is the student population and the difference you can make in their lives...just watching them grow, seeing them and what they have achieved is such a high.” Because of this internal satisfaction, Nora also expressed ambivalent feelings regarding her upcoming retirement.

While Nora acknowledged that she could be an educator almost anywhere, she felt that teaching in the community college had significantly touched her life. She had grown to greatly appreciate the diverse characteristics of our students and what community college education can offer them. She described how she could offer hope and positive energy for our students, many of whom have highly complex challenges inside and outside of the classroom.

**Community college: challenges and rewards.** Inherent in all work environments are people and personalities. Lauren, Ellen, and Nora spoke at length about the many challenges characteristic of being a nurse educator. As discussed, each educator detailed her early experiences as an adjunct, and then as a full-time faculty member, and the complexities they encountered involving student, program, and college-wide issues. As they retold their stories dealing with ambiguity, change, instability, and conflict, Lauren, Ellen, and Nora’s coping mechanisms emerged. It was interesting to note how each educator drew upon prior work and personal experiences to help guide decision making. As this research was intended for prospective nurse educators and other interested readers, these insights on coping may be enlightening and perhaps useful to some as well.

In order to work effectively with multiple and often complex personalities, the educators spoke about relying on strong faith, values, fellow faculty support, and intuition to help guide their decision making. Additionally, as each educator gained experience in their role, their level of confidence increased, enabling them to become more effective and objective in dealing with student issues, defining boundaries, and thus, becoming more assertive, particularly in challenging situations. The reward for each faculty member was the promotion of students to be successful, while simultaneously gaining personal gratification and growth (Baker et al., 2011; Datillo et al., 2009; Duphily, 2011; Gardner, 2014).

Lauren had always had a strong sense of what she knew to be right and true in terms of her personal and professional morals, ethics and standards. She described her “internal compass” and strong sense of faith as keeping her grounded as she transitioned in her role as nurse educator. Lauren described how her “strong intuitive sense concerning people” and knowing “who I trust and who I don’t trust and who is that expert and who is not” helped guide her through challenging situations.

Being a new faculty member, Lauren admitted that during her third year, she placed a lot of pressure on herself to master the content and become comfortable in her teaching. She spent many hours of family time working to develop her content and pedagogies. She mentioned that her husband was very patient as she worked late at night and every weekend, but also realized that it was taking a toll on her family. Lauren was learning to “let that go” by trying to stay focused “on the students so that they can be successful and manage the political scenery here,” and not have these expectations of “I am going to do this, I am going to achieve this.”

Lauren shared that as she was approaching her fifth year of teaching, and was more confident in her role, she felt equipped to advise, guide, and direct her students. She pointed to the help and support she received from her mentor as being instrumental to her success. As cited in many studies chronicling the novice educator, the early years represent a time involving a major learning curve (Datillo et al., 2009; Duphily, 2011; Gardner, 2014; Weidman, 2013). Lauren's honest account of her own lack of confidence displayed a profound level of transparency and self-awareness, which are personal and professional values highly coveted in the nursing profession (Taylor, 2014).

Ellen's stories reflected her deep commitment to the people that she worked with, as well as the personal support she received from fellow faculty members when first diagnosed with cancer. She spoke about how, as a new Director of Nursing, she was not feeling entirely confident and somewhat intimidated prior to her first statewide meeting with fellow Directors of Nursing. Ellen became more confident after attending several meetings, and more comfortable traveling alone to represent the program. She stressed that her element is nursing. "I am very comfortable being the nurse or the nurse educator at the conference."

Ellen also shared an ethical dilemma she faced when first beginning as Director of Nursing, and how she did not have the confidence in her new role to challenge administration on a decision that she felt was unethical. As she told the story and relived the experience, it was clear that, over time, Ellen became more confident to stand up for what she believed was ethically right. Ellen also spoke about how she grappled with making decisions that, in retrospect, she may not have foreseen all of the implications. She stated that she continued to struggle with this, "It is a very hard thing to learn."

In light of the turmoil within the college, Ellen said that she often felt uneasy in her role. She felt that everything was scrutinized by faculty and had also felt scrutinized from upper administration when NCLEX scores went down. “Is it my fault or is this what I inherited? It is the same, do I take blame for the students’ failures when they take a test, or what kind of hit will I take from this....I can do only what I can do. I am doing the best that I know how.”

Nora was strong-willed, goal oriented, and very open and expressive with her feelings. As told in Chapter 4, she spoke about how she learned to cope when feeling so out of control when first becoming an adjunct. The advice given to Nora has been acknowledged by this researcher as essential for all new educators to know and understand (Duphily, 2011; Gardner, 2014; Weidman, 2013). “You are going to feel out of control at least one part of the day. You just have to step back, look at the situation and pull yourself back into control.”

Similar to Lauren and Ellen, Nora felt uncomfortable and somewhat inadequate the first time dealing with an unsatisfactory student. As described, Nora felt challenged while learning the process, which included using the clinical evaluation tool as an objective measurement. Nora remembered how difficult the emotional piece was and how she handled her own feelings of inadequacy. “Just to acknowledge that I was going to feel that way and not to feel inadequate when it happened, so I learned to recognize that, and I learned to channel it, instead of letting myself go into a total tizzy, I knew how to pull back, regroup, reprioritize, sort of like a nurse being with patients, it’s the same thing.”



Nora shared that her early years as a full-time faculty were challenging for her. As she became more confident in her role as nurse educator, she became more adept at dealing with student issues by looking at the big picture and addressing issues head on, rather than just putting “out fires all day long.” Nora also spoke about her ability to become a better communicator as a result of her experiences in dealing with complex issues and multiple personalities on a daily basis. She recounted that, in addition to her interactions with issues with students, there had also been sensitive faculty issues to contend with. Nora felt that being department chair and learning alongside the Dean really helped her develop more effective communication skills, and that she “learned so much about what was right and true.” Nora added that she was much shyer when she first became an educator, and that her confidence came from dealing with conflict in clinical.

As mentioned, Nora’s length of time as a nurse educator spoke loudly to her commitment to the community college students and her passion for her work as a nurse educator. As she was preparing for retirement, she reiterated how cathartic these interviews had been for her.

This chapter has described the themes which emerged from Nora, Ellen, and Lauren’s stories involving their becoming, being, and evolving as AD nursing faculty members. Considering these themes, the next chapter will discuss these findings in relation to this study’s three research questions, followed by a discussion of implications in Chapter 7.

## **Chapter 6**

### **Discussion**

The purpose of this study was to inform prospective nurse educators, and other readers, of the essence of what it means to be a nurse educator in the community college setting. Through the lens of the three dimensions of narrative inquiry, the stories of Lauren, Ellen, and Nora were retold in Chapter 4, and the overarching themes derived from reading and re-reading their stories were detailed in Chapter 5. This chapter will address the following research questions, which guided this inquiry:

1. How have the ways of knowing of AD nurse educators in this study evolved over time in relation to becoming and being nursing faculty in the community college setting?
  - a) What are the experiences that led the AD nurse educators in this study to become and remain faculty members in the community college setting?
  - b) How have these experiences influenced their ways of knowing?
2. How did telling, retelling, and reliving affect the stories of their experiences?
3. How did the relational aspect between me, the inquirer, and the participants evolve throughout the study?

This study was intended to provide a greater understanding, through stories told, retold, and relived, of Nora, Ellen, and Lauren's experiences of becoming and being nurse educators in the community college setting. As will be depicted in the following section, the findings of this inquiry confirm that, over time, Nora, Ellen, and Lauren's ways of knowing evolved. This notion reinforces Baxter Magolda's (1992) assertion, as

stated in Chapter 2, that “meaning making is influenced by an individual’s worldview and by interaction with others, and depends on the context of an individual’s experience, and that reasoning patterns may change depending on contexts and over time” (p. 20-22).

In consideration of the first research question, after reading, and re-reading Nora, Ellen, and Lauren’s stories and research texts, I have deemed it necessary to address all five major epistemological categories of *Women’s Ways of Knowing* (Belenky et al., 1997) as a means of gaining a deeper perspective of the way each educator viewed their world. This differed from my initial view at the beginning of the study, when, based upon my understanding of my fellow faculty members, and considering the level of knowledge and education each had acquired, I asserted that the analysis of this study’s findings would be based upon on Belenky et al.’s (1997) constructs of procedural and constructed knowing. As result of this research process, I have found that there is somewhat of a fluid nature to one’s ways of knowing, dependent upon the variables of a situation. Belenky et al. (1997) reinforced this notion as they recognized that the “five ways of knowing are not necessarily fixed, exhaustive, or universal categories” (p. 15) and “that they are abstract or pure categories that cannot adequately capture the complexities and uniqueness of an individual women’s thought and life” (p. 15).

The findings of this study also suggested that additional theory is warranted to help explain the processes of how the educators evolved in their role as AD nurse educators at this college. While Belenky et al. (1997) studied women from a wide range of backgrounds in various institutions, they did not specifically research nurse educators. Furthermore, Belenky et al. (1997) focused primarily on the five epistemological perspectives, and suggested that additional research was needed to clarify the processes

which propel women from one view to another. Goldberger (1996) further addressed this notion, asserting that the *Women's Ways of Knowing* structure was often considered a developmental sequence, and that, while the authors could not agree on this point, she posed questions which are strikingly similar to additional questions generated from this study:

What are the determinants that govern a person's shift in epistemological perspective over time, and what are the determinants of, and how adequate is, reliance on one way of knowing to the exclusion of others? Are the determinants developmental? Situational? Strategic? Political? Cultural? These issues are likely to be debated for some time (Goldberger, 1996, p. 12-13).

Goldberger's (1996) questions have been found to be similar to ideas generated from the findings of this study; that is, in addition to gaining a better understanding of how the three participants evolved in the way they viewed their world through their experiences as nursing faculty, how can we better understand and explain the processes which enabled each educator to successfully navigate the transition from expert nurse, to novice educator, to experienced educator? What factors were at play to provide the means to promote their success? In other words, what are the processes which enabled these educators to grow in their ways of knowing?

Therefore, in addition to considering Belenky et al.'s (1997) *Women's Ways of Knowing*, Goodman, Schlossberg & Anderson's (2006) transition framework detailed in *Counseling Adults in Transition: Linking Practice with Theory* (3rd edition), has been

utilized as a means of further understanding the complexities involved in the transition process, and how each educator was able to successfully grow through these changes.

Nora, Ellen, and Lauren's stories revealed their unique experiences stemming from their professional roles; first as expert nurses, then transitioning to the novice educator role, and later, evolving into experienced educators. The following section answers the first research question by detailing their ways of knowing as they dealt with these role transitions, followed by a discussion of the transition framework (Goodman et al., 2006), as it relates to this study.

### **Women's Ways of Knowing**

**Becoming an educator.** The early challenges experienced by Nora, Ellen, and Lauren as new educators were articulated in Chapter 4, and thematically displayed in Chapter 5. As mentioned, a vast amount of literature exists regarding the issues and challenges associated with the phenomenon of the nurse expert transitioning to novice educator (Benner et. al., 2010; Brady, 2007; Dattilo et al., 2009; Duphily, 2011; Gardner, 2014; Weidman, 2013) and attempts to explain some of the manifestations, as well as some of the possible factors contributing to the phenomenon. This inquiry has utilized Belenky et al.'s (1997) *Women's Ways of Knowing* to gain a different perspective of these experiences, which involved examining how these educators knew or viewed their world when first becoming AD nursing faculty members, and how their ways of knowing evolved as they became more experienced in their role.

This section speaks first about the phenomenon of transitioning from nurse expert to novice educator, including a discussion about nurse educators as connected knowers,

based upon their professional way of knowing derived from being caretakers. How each new faculty member grappled with their tendency for caring, versus their new-found awareness of needing to become more objective will be detailed, followed by supporting literature depicting the transition process as being cognitively challenging to new educators. Based upon the findings from this study, Nora, Ellen, and Lauren's early struggles with their prior ways of knowing will be revealed, and how they were able to move through these challenges.

***Expert nurse to novice educator: caring versus objectivity.*** In Chapter 4, Nora, Ellen, and Lauren described their stressful experiences of transitioning from expert nurse to novice educator. Consistent with the literature, their stories revealed feelings of being challenged, anxious, and out of control in their new role as nurse educator (Benner et. al., 2010; Brady, 2007; Dattilo et al., 2009; Duphily, 2011; Gardner, 2014; Weidman, 2013). The findings from this study suggested that the discomfort and uneasiness experienced during this transition may be explained by Nora, Ellen, and Lauren's realization of the need to learn new ways of viewing the world. The notion of the struggle between caring (connected knowing) versus objective (separate knowing) in these novice educators will be detailed in the following paragraphs.

As defined by Benner (2001), Ellen, Norah, and Lauren were expert nurses, due to the length of time and level of their experience in practice. Benner's (2001) seminal work, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, depicted stages from which the beginning or novice nurse progresses until expert status is reached, and suggested that during the process of becoming a clinical nurse expert, nurses move away from being novices who use procedures and policies, to experts who make

decisions based upon experiences of learning to develop one's intuition while thinking holistically when making decisions.

Benner (2001) suggested that any nurse moving into a new realm where they had no prior experience was considered a novice. Weidman (2013) asserted how expert nurses first encountering the role of novice educator often struggle practicing in a new role with new procedures and policies. Siler and Kleiner (2001) suggested that the experiences of novice nurse faculty "parallel those of novice nurses" (p. 402) described by Benner (1984; 2001), and that new educators were taught their new role "out of context" (Siler & Kleiner, 2001, p. 402) and were not fully supported as unique situations arose in real life.

As Nora, Ellen, and Lauren became new educators, some of their internal struggling may be explained through understanding how each viewed her world prior to becoming educators, and how each realized that her current knowing would need to be reexamined. Each educator had a strong sense of subjective, intuitive knowing, and, because of the professional training and experiences of practicing nursing, at the time that each began as clinical adjuncts, Nora, Ellen, and Lauren would be considered connected knowers, or knowing through the procedure of care.

Connected knowing, as defined in Chapter 2, entails using the procedure of care and empathy, and viewing perspectives through others' eyes, as a means of understanding truth. As experienced nurses, each educator was accustomed to knowing through the act of caring. Caring is a defining characteristic of the nursing profession. Leininger (1981) asserted that "caring is the central and unifying domain for the body of knowledge and

practices in nursing” (p. 1). Watson’s (1988) seminal theory of transpersonal caring stated that “the nurse can enter into the experience of another person, and another can enter into the nurse’s experience. The idea of transpersonal caring is an ideal of intersubjectivity in which both persons are involved” (p. 60). Watson’s transpersonal caring depicted nursing practice as one in which the nurse is able to “detect the other person’s condition of being (spirit, soul), feels this condition within him-or herself, and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts he or she had been longing to release” (Watson, 1998, p. 63).

Nursing is a blend of art and science in which the nurse’s focus is on delivering patient-centered care to the patient and family through interpersonal relationships. When this relationship is used to promote or restore health and well-being, it is considered a therapeutic relationship (Taylor, 2014). In this way, a nurse learns to empathize with the patient and family in order to best understand their perspective and meet their needs. As expert clinicians, Nora, Ellen, and Lauren were skilled in the practice of empathy and connecting with their patients.

Connected knowing was evident in the way that each educator depicted her early experiences interacting with students. As nurses know their world through the use of empathy and care toward their patients, this was also the way that Lauren, Ellen, and Nora first viewed their students. Lauren spoke of being too sympathetic with her students and how it impacted her subjectivity with them. Nora spoke of grappling with the emotional piece and how to maintain objectivity with an unsatisfactory student. Ellen shared her stressful experience dealing with an early clinical failure. Thus, as each



educator encountered challenging students early in their careers, they struggled with the ability to maintain objectivity in their interactions.

This struggle is consistent with Schoening (2013), as she researched the social processes of role transition from nurse to nurse educator, and found that participants characterized the time by “an absence of structure and mentorship and a realization that the nurse-patient and teacher-student relationships are very different” (p. 169). New educators told about “occasional unsettling negative experiences” (Schoening, 2013, p. 169) with students and how these were in “sharp contrast with the helping and trusting partnerships they previously established with patients” (Schoening, 2013, p. 169). Schoening (2013) articulated the struggle between being caring and the need for objectivity, as the new educators in her study spoke about their perceptions regarding the differences between their role in the nurse-patient relationship, versus the teacher-student relationship and stated “I mean, with our patients, we always want to make them happy....but you aren’t responsible for giving them consequences. So it is very different, what we do along those lines” (Schoening, 2013, p. 170).

As novice educators, Nora, Ellen, and Lauren grappled with the realization that their caring ways of knowing may not have always been effective in their new role. They recounted feelings of being challenged and out of control. The findings from this study suggested that some of these feelings may be due to the realization that their way of viewing their world would need to be re-examined, and that they would need to further develop objective, rational procedures in conjunction with connected knowing procedures when dealing with challenging situations.

This concept was explored by Paley, Cheyne, Dalglish, Duncan & Niven (2007) as they examined the procedures of rational, empirical (scientific knowing) with feeling or intuitive knowing (non-scientific knowing) by comparing Carper's (1978) nurse's ways of knowing with the psychological theory of dual processes of cognition. Paley et al. (2007) suggested that there are two cognitive processes in nursing, Nursing 1, or N1, and Nursing 2, or N2, which can be compared to System 1, or S1 (non-scientific, quick, intuitive) and System 2, or S2 (controlled and conscientious reasoning, empirical, scientific) which are widely accepted psychological constructs of dual processes (p. 693). Paley et al. (2007) discussed how nursing experts would contend that the processes of N1 and N2 are balanced in clinical decision making, while the authors argued that there is reason to consider how S2 or N2 may be more of an important modulator in decision making, while S1 or N1 may be the natural default. Belenky et al. (1997) and Clinchy (1996) would argue that there is a constant struggle to integrate the two systems or in their terms, connected and separate knowing.

Considering the procedures of separate and connected knowing, the findings from this inquiry suggested that when expert nurses become novice educators, the imbalance of the two procedures may be offset, and, as a result, there is a sense of discomfort. This study also suggested that novice educators may tend to revert back to their subjective, intuition, and their connected, caring knowing as they struggle to gain control. As stated, they also begin to realize they must learn and use new procedures (separate knowing) to gain confidence and control.

The findings from this study have demonstrated how Nora, Ellen, and Lauren experienced tension as they faced the expectations of the new position. Their stories

suggested how each drew upon prior ways of knowing while searching for new ways, as a means of managing the new paradigm of being a nurse educator. This was evident as Nora, Ellen, and Lauren spoke about the strategies they utilized to cope with uncertainty and gain control. The educators read “everything the students read”, and actively attended workshops and conferences. They also spoke of relying heavily on their own intuition to help guide their decision making.

Nora’s “sixth sense”, Lauren’s “strong internal compass”, and Ellen’s “gut instincts” displayed how each educator possessed a strong, subjective, inner voice of knowing as they became nurse educators. “Truth, for subjective knowers, is an intuitive reaction - something experienced, not thought out, something felt rather than actively pursued or constructed” (Belenky et al., 1997, p. 69). Nora, Ellen, and Lauren also realized that in order to learn and grow to be effective in their new roles, they needed to seek out external information as well. Thus, realizing that their own internal world was not always accurate or sufficient, they utilized procedures to help gain a greater understanding in their new professional role.

The theme of struggling with one’s subjectivity and learning how to be objective by using separate procedures is consistent with other studies exploring the experiences of nurse experts transitioning to the novice educator role. Weidman’s (2013) phenomenological study examined the transitioning experiences of clinical nurse experts to the novice educator role (in the teaching role less than two years) and found there was significant stress related to the transition process. Contributing to feelings of being “overwhelmed, frightened, and scary” (Weidman, 2013, p. 105), participants spoke about the challenge of evaluating students. One full-time faculty spoke of the struggle with

objectivity and shared “I thought it was very difficult because there is really not hard objective criterion, I mean a lot of it is subjective so I did find that very difficult” (Weidman, 2013, p. 105).

Duphily’s (2011) phenomenological study also depicted the experiences of AD novice nurse faculty learning how to successfully balance care (connected knowing) with detachment (separate knowing). Novice faculty reported how they realized “the power of the position” (p. 128) and how they would “really have to use this power every carefully and look at those decisions that you’re making and reflect” (p. 128). Novice faculty also reported how they realized “as an instructor I can’t be too friendly because that would get misinterpreted as well, as I think it is a learning experience on how to walk the line” (Duphily, 2011, p. 128). One faculty expressed how they would need to try out how to be “a little bit more demanding of them this semester and who knows, maybe then I’ll shake out and find my midpoint” (Duphily, 2011, p. 128).

Objectivity or separate knowing requires the procedure of setting aside feelings and personal beliefs (Belenky et al., 1997, p. 109). As the theme of learning how to be objective by using separate procedures emerged through these findings, it is apparent how Nora, Ellen, and Lauren worked through their challenging experiences in the classroom, in clinical, and within the college atmosphere, and evolved in the way that they handled complex situations.

Nora shared some of the strategies she utilized to deal with complex situations. She spoke about the necessity for ongoing reflection while trying different approaches based upon what worked and what didn’t. She proudly shared how she became a much

better communicator and learned how to deal directly and head-on with student issues. Lauren also spoke about how she had grown since the earlier years as a clinical adjunct, as she had learned how to talk and listen with students about their issues while maintaining objectivity. As a result, Lauren felt she had become a more effective educator. Ellen also struggled with objectivity in her early experiences dealing with unsuccessful students, and as a result of feeling unsupported, she stressed her unwavering support of all faculty.

As Nora, Ellen, and Lauren became more experienced as educators, they developed the ability to use separate, objective procedures when dealing with unsatisfactory students. As connected knowers, they understood their student's reality through their eyes, and were empathetic to their needs. As mentioned, many community college students have many external demands that often get in the way of their path toward success. Through their ongoing relationships with these students, these educators eventually learned how to balance the ethic of care with the need for reason and objectivity in certain situations.

The struggle to integrate rational and objective procedures versus connected and emotional procedures displayed how each educator was using knowledge coming from outside of oneself, where "thinking is encapsulated within systems" (Belenky et al., 1997, p. 127). The next section depicts how, as each educator continued to evolve, the time became right to become full-time, and subsequently, through their experiences, each began to regain their voice and sense of self.

**Becoming full-time: evolving through transitions.** As Nora, Lauren, and Ellen evolved in their role as clinical adjuncts, each described the reasons for becoming full-time and spoke about “waiting until the time was right.” They spoke of understanding the roles and responsibilities of being a full-time educator, and each expressed how important it was for the timing to be appropriate in accordance with their other roles and responsibilities. They knew that there would be significant changes, but also realized that they were ready to take on the additional duties of being a full-time.

As the three educators sought professional challenge and growth, they confronted questions regarding how they wanted to be, and become. Belenky et al. (1997) described the process of women evolving in the way they know their world as they are driven to discover a greater sense of self and truth. Nora, Ellen, and Lauren asked themselves, “Who am I? What is my life to be about?” (Belenky et al., 1997, p. 136) as they began to make choices about “How I want to think? How I want to be? (Belenky et al., 1997, p. 136). They also shared stories about the challenges they encountered during their early years as full-time nursing educators.

Nora, Ellen, and Lauren spoke about how they dealt with the initial transition of teaching in the classroom as they learned how to navigate their relationships with fellow faculty and students in the community college setting. As depicted in this study, and described in the literature, novice full-time faculty members must learn how to develop curriculum, deal effectively with students, and manage their time and responsibilities to the department (Baker et al., 2011). Nora, Lauren, and Ellen’s stories display some of the ways in which each grew through their experiences as AD nurse educators. The next section depicts how they developed in the way they viewed their role as teachers,

followed by a discussion of how their resilience and perseverance led to an increased sense of self-awareness, and the confidence to consider various perspectives and context of situations. Goodman et al.'s (2006) transitions framework will be presented to assist in explaining the nature of the processes which enabled Nora, Ellen, and Lauren to evolve and find their unique voices as AD nurse educators.

***Midwife teachers.*** Nora, Ellen, and Lauren's view of their role as teacher evolved significantly as a result of their experiences. Belenky et al. (1997) presented Freire's (1971) description of traditional education as "banking" which entailed the notion that the "teacher's role is to fill the students by making deposits of information which the teacher considers to constitute true knowledge" (p. 214). Ellen and Lauren's early perceptions of the role of the nurse educator were somewhat similar to this idea, in that they viewed themselves as the teacher whose primary role was to permit the learning of content.

In Chapter 4, Ellen shared how she thought, as a new full-time faculty member, that doing a good job teaching in the classroom would ensure that students would get good grades as she believed that "it was really about me being up there, did I do a good enough job, and that their tests grades were a reflection on my teaching." Ellen learned, over time, that it was not all about "how much effort that I put into teaching a class", but rather, "how much effort students want to put into their learning." She grew to view her role as an expert learner, and that her job was to model learning for the students.

Similar to Ellen, Lauren learned through her experiences to place the emphasis on the student, rather than on the faculty member. She realized that her role was not so much as teaching the student how to do things the right way, but more about being the

one who questions them as to “why” they are doing what they are doing. Lauren learned to understand that she was present to stimulate students’ thoughts, foster their growth, and promote their acceptability into practice. Nora also learned that her role was “not to put out fires all day long,” but to step back and facilitate learning by “looking at the big picture.”

This type of knowing that all three educators embraced in their teaching was described by Belenky et al. (1997) as connected teaching, in that the teacher “supports the evolution of their students’ thinking” (p. 218). As mentioned in Chapter 2, Belenky et al. (1997) referred to connected teachers as “mid-wife teachers” which depicted the type of teacher who “supports their students’ thinking, but they do not do the students’ thinking for them or expect the students to think as they do” (p. 218).

Connected teaching enabled the educators to permit students to take responsibility for their learning. Each educator expressed how vital this perspective was for promoting students to become independent in their processes for developing clinical reasoning and judgment, necessary tools for all registered nurses.

As Nora, Ellen, and Lauren became more knowledgeable and comfortable in their role and in their relationships with students, each educator developed more confidence in their abilities. As each became active in college-wide initiatives and committees and became more aware of alternative perspectives, they began to consider and better understand others’ points of view, while considering the context of situations. The next section will detail how Nora, Ellen, and Lauren evolved in their ways of dealing with complex situations.



***Context matters.*** Understanding and considering context is a hallmark of constructivism. Belenky et al. (1997) discussed how constructivist women “resist premature generalization about what they would do or what should be done, particularly about matters of right and wrong (p. 149). As the educators shared their stories, it appeared that, through their experiences, they learned the importance of considering context and multiple perspectives in their decision making. Additionally, each educator learned how to accept their own role and responsibility in the process.

Belenky et al. (1997) asserted that first women arrive at this insight when searching for a “core self that remains responsive to situation and context. Ultimately constructivists understand that answers to all questions vary depending on the context in which they are asked and on the frame of reference of the person doing the asking” (p. 138). All decisions are based upon “trying to understand the conflict in the context of each person’s perspective, needs, and goals - and doing the best possible for everyone that is involved. For constructivists, the moral response is a caring response” (Belenky et al., 1997, p. 149).

Nora made this clear as she shared sacred advice given to her by the Dean regarding how to deal with conflict: “You have to step back, look at all of your facts, make a column of pros and cons, and look at all of the implications - what is the best and what is the worst that can happen.” Ellen also learned the necessity of considering context in all aspects of the decision making process. As told in Chapter 4, as the new Director of Nursing, she faced a major ethical dilemma as she dealt with students after SuperStorm Sandy. As a result of these experiences, Ellen began to fully understand that context must be considered in every situation, and that all decisions have implications,

which are often difficult to foresee. Lauren spoke of how she learned to consider multiple perspectives, and that although her tendency was to be more of a linear thinker, she realized “that there are a lot of different ways to learn. A lot of different ways to consider and view things that I don’t think about.”

The ability to consider context, tolerate ambiguity, learn there is no “right or wrong,” and that each situation has its own unique set of circumstances represent how Nora, Ellen, and Lauren evolved as constructivist knowers (Belenky et al., 1997) through their experiences as AD nurse educators. These findings suggest that viewing the world as a constructivist knower is similar to Paton’s (2006) higher level of wisdom derived through the experiences of being a nurse educator. Paton (2006) referred to the experiences of clinical nurse educators’ and their “sphere of wisdom” (p. 489) as something that is attained as a result of their interactions with students in the clinical setting and contended that through the process of “navigating everyday unpredictable and unexpected situations, nurse educators acquire a unique set of skills, expertise, and competencies that are essential for effective and high-quality teaching in practice” (Paton, 2006, p. 488).

Paton’s (2006) ideas for research evolved from her own experiences of being confronted with challenges on an everyday basis, and acknowledged that in order for one to make sense of the challenges, one must stop, take a step back, and look at the bigger picture.

The centrality context was highlighted, in revealing nurse educators’ cognitive transition within this pause while paying attention and attuning to elements of the

situation that were different than expected. Pausing or cognitively stumbling offered nurse educators time to clarify what was noticed and to remain within and, at the same time, step outside the situation to consciously think of how best to respond (Paton, 2006, p. 490).

Similar to Paton's (2006) observations, this research study suggested how Nora, Ellen, and Lauren have evolved as constructivist knowers, and share the insight that Belenky et al. (1997) described as the "process of sorting out the pieces of the self and of searching for a unique and authentic voice" (p. 137), and that this realization is the basis of constructivist thought in that "all knowledge is constructed, and the knower is an intimate part of the known" (Belenky et al., 1997, p. 137). As each educator evolved in the way they viewed their world, their positive interactions with students, increased competence in their role, and awareness of varying perspectives promoted a sense of self-confidence and self-awareness. The increased sense of self was apparent as each educator's internal voices emerged.

***Evolving voices.*** The purpose of this study was to promote a deeper understanding of what it means to be an AD nurse educator in the community college environment. As each educator shared their stories, unique insights emerged which has provided the reader with a means to relate to how the three educators in this study have grown in the way they know and view their world.

Belenky et al.'s (1997) five epistemological categories can be considered in terms of the voices of their research participants. From the silent knower, who has virtually no voice, to the received knower, whose voice remains silent, and knows only what is told to her, to the subjective knower, who has found her voice, and believes it is solely the voice

of truth. As these women move toward knowing outside themselves, they hold back their internal voice, and develop procedures to make meaning of their world, which may be strictly rational and critical in nature, or highly empathetic and caring, or a mixture of both. As described, there are some women who determine the need to move away from using external structures to understand their world, and, while integrating their prior ways of knowing, reclaim their voice and sense of self, and begin to know and understand that knowledge and truth is constructed and based upon context.

The voices of Nora, Ellen, and Lauren evolved as a result of their experiences as AD nurse educators. As I had undertaken this study to provide a greater understanding of what it means to be an AD nursing faculty member, thus addressing the nursing faculty shortage by encouraging a sense of relational connectedness to inspire prospective educators and other readers, this narrative inquiry study has revealed how each educator found their voice, and how that had such a profound meaning for each of them.

As Lauren was the newest faculty member, she clearly demonstrated her self-awareness and the emergence of her internal voice. Lauren described how much more confident she felt regarding her interactions with students, and believed that, through her experiences, she had found the right balance of care and objectivity to advise, guide, and direct her students to be successful. Lauren had developed her voice in college-wide matters as well. As she reported, she had learned how to use her prior knowledge, integrating her voices of reason and intuition to handle challenging situations. While she continued to grapple with the uncertainties within and outside the college, and the blurred boundaries apparent in academia, she had accepted that there were multiple perspectives, other than her own.

Ellen's experiences early in her career feeling unsupported by her mentor with an unsatisfactory student displayed how she did not have confidence in her inner voice to speak out about her uncertainty. As Ellen reflected back during our conversations, she felt that if the same situation occurred, she would insist that another faculty be present with her. She commented on how that experience had a profound effect on the way that she supported other faculty.

Belenky et al. (1997) described how women who are at the position of subjective knowing "usually feel strongly that they 'know' but have few tools for expressing themselves or persuading others to listen" (p. 134). Women who learn to speak in a unique and authentic voice must "jump out" (Belenky et al., 1997, p. 134) of the systems that they have been part of, and "create their own frame" (Belenky et al., 1997, p. 134). Ellen's inability to fully process and voice her opinion caused her to experience anxiety and frustration which she recalled years later. It is possible that these early experiences motivated Ellen to move out of her comfort zone and explore new ways of knowing.

Caring was also reflected throughout Ellen's narrative as she became more experienced as a nurse educator, and then Director of Nursing. Her actions embodied connected knowing in that she spent an enormous amount of time listening and learning about the perspectives of others, and subsequently made decisions based upon considering multiple perspectives, and the context of each situation.

In her role, Ellen developed the ability to advocate and voice her opinions. As the college environment continued to be somewhat unstable at the time of this inquiry, Ellen stressed how, as a result of her experiences, she had developed confidence in her

role as nurse educator, and had an increased ability to use her voice of care and reason as each situation warranted.

Nora's passion for learning and quest for self-actualization enabled her to develop her voice as she evolved in her role as an AD nurse educator. As Nora began as a clinical adjunct and described how overwhelmed she felt during her early years, she spoke of how difficult it was to find the right words to use with challenging students. She later referred to not dealing head-on with issues, as she had not yet developed the confidence and tools to actively face difficult situations.

Nora spoke of learning how to deal and confront issues effectively as she evolved as an educator. Nora recounted that her choice to take a sabbatical and earn her NP degree "was the best thing she could have done for herself", as she developed additional self-confidence and satisfaction in her role. She continued to acquire her sense of self and voice as she learned how to deal with conflict management and other complexities inherent in the role of Department Chair.

Nora later returned to further her education as a DNP, while becoming a grandmother in the same year. The many accomplishments and passion for teaching and learning demonstrated Nora's commitment to herself, her family, her students, and her co-workers. Belenky et al. (1997) asserted how "women constructivists show a high tolerance for internal contradiction and ambiguity" (p. 137) and that these women learn to live and deal with conflict and do not need to simplify their lives (Belenky et al., 1997, p. 137). "These women want to embrace all the pieces of the self in some ultimate sense of the whole - daughter, friend, mother, lover, nurturer, thinker, artist, advocate" (Belenky et

al., 1997, p. 137). And, as the authors so perfectly state, and I wholeheartedly agree, “they want to develop a voice of their own to communicate to others their understanding of life’s complexity” (p. 137).

### **Explaining Transitions**

Thus far, this discussion has detailed how the three educators’ ways of knowing evolved through their experiences in becoming and evolving as AD nursing faculty. As this study has depicted, Nora, Ellen, and Lauren’s stories depicted many challenges inherent in the AD nurse educator role. Based upon the themes described in Chapter 5, it was suggested that underlying processes may play a role in supporting the three educators’ evolution and growth throughout their work-role transitions. Thus, in addition to the analysis and subsequent findings stemming from the use of Belenky et al.’s (1997) research, Goodman et al.’s (2006) transition framework has been used to explain their successful progression from nurse expert to experienced AD nurse educator.

Schlossberg’s transition framework (1981; 1984) was developed to analyze and identify strategies for those who will, or have undergone, transitions in their life. Schlossberg’s early research prompted her affiliation with Goodman and Anderson, to develop *Counseling Adults in Transition: Linking Practice with Theory (3rd edition)* which included the systematic transition framework. The framework has been applied widely in various contexts as a tool for counselors, psychologists, social workers, and others, as they “listen to the many stories - each one unique - of colleagues, friends, and clients” (Goodman et al., 2006, p. 32), and consists of three parts:

1. Approaching transitions: transition identification and transition process

## 2. Taking stock of coping resources: the 4 S System

## 3. Taking charge: strengthening resources (Goodman et al., 2006, p. 32)

Ample research exists detailing the use of the transition model in various disciplines, including nursing. Goodman & Anderson (2012) applied Schlossberg's 4 S transition model to the process of retirement in the older population, and asserted how the model was helpful when working with clients, as they could assess the assets and liabilities of the interwoven sets of variables identified through the 4 S System, and plan and intervene where necessary in order to promote optimal adaption of change in retired persons. Dela Cruz, Farr, Klakovich & Esslinger (2013) used Schlossberg's model to create a framework for pre-licensure nursing students entering into a program, moving through, and moving out prior to taking their RN boards. The model was useful to guide their attempts to ensure a successful transition throughout the educational process.

There are a limited number of studies that have utilized Schlossberg's model to explain the transition process from nurse expert to novice educator to experienced educator. Anderson (2009) referred to Schlossberg's transition framework in her study examining the work-role transition of clinical nurse experts who become novice educators, and asserted how Schlossberg's framework examined the psychological components of a transition, including a focus on coping with changes involved in a transition. Anderson's (2009) research sought to focus on the psychological aspects (coping), and social aspects (relational aspects involved in a new role) and found that there is a cognitive aspect (thinking), which is also involved in the transition process, such as the thinking processes involved prior to entering an academic setting. Anderson



(2009) asserted how examining the work-role transition of clinical expert to novice nurse through the three considerations would provide a more holistic view of the transition, and suggested further research to validate these findings.

The findings from this inquiry corroborate Anderson's findings, as it is suggested that Nora, Ellen, and Lauren's ways of knowing evolved as they moved into their new role as nurse educator, and continued to do so, as a result of their experiences in their role. In addition to the cognitive aspect of knowing, this inquiry has considered the psychological and social aspects involved in the role transition process, as depicted by considering the use of Goodman et al.'s (2006) transitions framework as another means of explaining the findings generated through the narrative dimensions of time, place, and sociality.

The 4S System of the transitions framework (Goodman et al., 2006) is useful in the analysis of this study, as it has four components which can be broken into parts, and appears to have similarities when compared to this study's conceptual framework. The next section will detail how the transitions framework can be utilized to help explain the successful transitions of Nora, Ellen, and Lauren as they entered into, and evolved in the role of an AD nurse educator. The commonalties of this framework as compared with this study's conceptual framework will also be discussed.

**Approaching transitions: timing and learning to think differently.** The first part of the framework entailed defining the nature of the transition, how the transition will affect a person's roles, relationships, routines, and assumptions, and where the individual is, in terms of the process of the transition (Goodman et al., 2006, p. 32).

Thus, for Nora, Ellen, and Laura, the initial transition detailed in this research was a job change involving a shift in role from expert nurse to novice educator. As stated, in addition to the change in their role and subsequent responsibilities of the position, the three educators underwent a cognitive shift regarding how an expert nurse versus a novice nurse educator views the world. While their nursing knowledge remained constant, the role, and how the knowledge would be executed, became quite different.

In addition, similar to this study's conceptual framework of becoming, being, and evolving over time, Goodman et al. (2006) contended that the transition process is "changing reactions over time" (p. 33), as the authors defined a transition as "any event or non-event that results in changed relationships, routines, assumptions, and roles (Goodman, et al., 2006, p. 33) and suggested that when the transition occurred would play a role of how one views the transition. For example, if Nora, Ellen, and Lauren were beginning nurse educators during our conversations for this research study, their perspectives would have been different, based upon the fact that they would have been viewing the transition from an earlier time.

Time is a critical element of the transition framework, as the authors discussed the notions of moving in, moving through, and moving out, as a means of understanding where an individual is, in regard to their perspective of the event (Goodman et al., 2006). Considering the three educators and their stories, moving in would be considered the first stage where the expert nurse is entering into a new role as educator, with new responsibilities, routines, and assumptions, and is typically the time where faculty would need to become familiar with the rules and expectations of the new role (Goodman et al.,

2006, p. 50). This would likely involve a detailed orientation, including the initiation of a strong mentor-mentee relationship for new faculty.

Extending our current understanding of the transition process from expert nurse to nurse educator, the findings from this study suggested that the early time in a nurse educators' career represents a period of unsettledness in one's ways of knowing, as educators grapple with learning how to be objective, and fall back into prior, comfortable ways of viewing their world. This study suggested, as the educators gained more confidence through their experiences, they were moving through the transition. This is the time when faculty members become familiar with their role, responsibilities, and assumptions, and question whether this is where they want to be, or consider whether there are other work options they may wish to pursue.

As each educator determined the time was right to pursue full-time employment, they moved out of the adjunct role, and moved into the full-time faculty role. Once again, the transition period was represented by learning about the new roles and responsibilities of being an AD nurse educator.

At the time of this study, as the educators were in varied stages of their career, each was retelling her story from a unique perspective. As mentioned earlier in this chapter, the temporal aspect of being an educator had an impact on each educator's experiences. As Nora had the most experience as an educator, she had moved in and moved through, and was approaching the moving out of her role as an AD nurse educator, and was preparing to move into a transition toward retirement.

Ellen had experienced different transitions. She had moved in and through as an educator, and then moved out of her educator role, and moved into her new role as Director of Nursing. During the data collection phase of this study, Ellen had been in her new role for three years, thus was moving through. Lauren had also moved in and through as an adjunct, moved out and then moved in as a full-time faculty member. As she was approaching her fifth year, she was also moving through in her role.

**The 4 S System.** The second part of the transition framework takes into account how the individual is coping based upon the potential resources one has to deal with the transition (Goodman et al., 2006, p. 32). The 4S System is based on four features: a person's situation, self, support, and strategies, and how strengths and weaknesses of these features can be considered in terms of one's potential resources (assets) and one's deficits (liabilities) to explain how one copes with change (Goodman et al., 2006, p. 55; Schlossberg, 2011, p. 160).

In this study, the 4 S System was helpful in explaining how Nora, Ellen, and Lauren were able to successfully transition from expert nurses, to novice, and then experienced educators. Goodman et al. (2006) contended that the 4 S System considered both assets and liabilities, but also accounted for the differences in how one copes according to when the transition occurs. Again, similar to the conceptual framework of time, place, and sociality, the temporal aspect was important when considering how the three educators were able to evolve in their role.

***Situation: choices and timing.*** The first S of the 4 S System refers to the “person’s situation at the time of the transition” (Schlossberg, 2011, p. 160). In other words, what is the event, how was it triggered, and is the timing perceived in positive or negative terms? In this study, the triggers and the timing would be perceived in positive terms, as each educator made their own choice to begin as ADN clinical adjuncts, due to the convenient hours and seeking to do something meaningful with their Master’s degree. Additionally, each educator later became full-time when “the time was right”, in terms of their personal and familial roles and responsibilities.

As Nora, Ellen, and Lauren shared, they fully understood that there would be significant challenges in the full-time faculty role, and stated that they knew when they were ready and willing to make that commitment. Thus, Nora, Ellen, and Lauren’s self-determined time and reasons to enter, first as an adjunct, and then full-time, were positive assets or resources, in terms of promoting a positive transition process. Each educator also viewed the change from a positive perspective, also considered a positive resource (Goodman et al, 2006).

The main deficit, or liability of the S or situation factor was the major role change and shift in “assimilating a new set of values and norms, as well as developing a new identity” (Anderson, 2009, p. 203) in becoming a new educator. If Nora, Ellen, or Lauren were experiencing concurrent stress in their lives, that would also be considered a deterrent (Goodman et al., 2006). In consideration of prior research (Benner et. al., 2010; Brady, 2007; Dattilo et al., 2009; Dumphily, 2011; Gardner, 2014; Weidman, 2013) and of this study’s findings, one may acknowledge that the unsettled, challenged feelings associated in the transition from expert nurse to novice educator is to be expected. Thus,

it is suggested that if other situational factors are positively enhanced and can be considered resources, there is a greater likelihood of a positive outcome, as was the case with Nora, Ellen, and Lauren. Their assets outweighed their liabilities in terms of the situation, the first factor of the 4S System.

***Self: passion, resilience, and determination.*** The second feature of the 4 S System is the self. Goodman et al. (2006) described the self as the assets and liabilities that one brings to the transition (p. 65) while Schlossberg (2011) asserted that assessing the potential resources and deficits of the self entails one's inner strength in coping with the transition (p. 160). In this study, Nora, Ellen, and Lauren's personal characteristics would be considered positive resources in terms of the transition framework. As each educator was an experienced nurse with a Master's degree, their stories displayed their strong character, resiliency, and strong sense of self, all positive assets of the self (Goodman, et al., 2006). Each educator openly shared how they were able to bounce back from various challenges. From my perspective, as researcher and fellow faculty member, all were honest and transparent in the way they viewed themselves and their world.

Nora, Ellen, and Lauren's stories also displayed their optimism and determination. How one views their world, or one's explanatory style, has been suggested to positively or negatively influence how one thinks about a transition, and may explain how some people are able to deal with transitions without becoming depressed or giving up (Seligman, 2006). Seligman (2006) suggested that a person with a positive explanatory style is an optimist, and a person with a negative explanatory style is a pessimist, and that one's explanatory style can help predict their success in a job.

Nora, Ellen, and Lauren's stories conveyed their overarching optimism, commitment to students, and determination which promoted each educator to learn, grow, and remain in their positions, in spite of the challenges they encountered in their new roles.

***Support: mentoring and camaraderie.*** The third factor of the 4 S System is support. Goodman et al. (2006) suggested that social support is "often said to be the key to handling stress" (p. 75) and broke down support into four types: intimate relationships, family units, networks of friends, and the institutions and/or communities of which the people are a part of (Goodman, et al., 2006, p. 75). The three educators spoke about the strong support they received from their husbands and families throughout their transitions to part-time, then full-time faculty members.

The area of support most applicable to this study is institutional support. This entails the amount of support each educator received from colleagues and the college. Once again, in terms of assets and liabilities, Ellen's early perceptions of not feeling supported during a clinical failure would be considered a liability. In view of the 4 S System, there were sufficient positive resources in other areas to outweigh this liability. Later, as Ellen spoke of her cancer diagnosis, in addition to support from her family, she spoke about the all-encompassing support she felt from the nursing faculty. Ellen's care and love for people reflected the support she also highly valued from others.

Nora spoke about her strong supportive relationship with the Dean. Although she felt challenged and out of control during her moving in as a clinical adjunct and then again as a full-time faculty member, she vividly recounted the encouraging words and support she felt from the Dean, as well as from her colleagues. Nora felt strongly

supported throughout her lengthy career. She spoke of two things that she felt contributed to her remaining as an AD nurse educator: the students and the supportive faculty. Lauren also spoke of her mentor and seeking out advice from fellow faculty when she needed help. As a newer full-time faculty member, she spoke often about how fortunate she felt to be working among such dynamic and dedicated faculty.

The importance of early support and faculty-faculty mentoring for new educators was validated widely in the literature (Benner et. al., 2010; Brady, 2007; Dattilo et al., 2009; Duphily, 2011; Gardner, 2014; NLN Board of Governors, 2006; Siler & Kleiner, 2002; Weidman, 2013). As demonstrated in this study, the three educators' stories validated the paramount importance of strong mentoring, throughout all transitions of a nurse educator's life.

Nora suggested that educators need mentoring throughout their career. In her case, she moved in, moved through, and moved out when she took her sabbatical to become a NP. She felt that she was enormously supported and mentored by the Dean through her transition back to education, after earning the NP, and then again, as she became department chair. These findings reinforce the importance of support, suggesting that all nursing faculty could benefit from ongoing informal and/or formal mentoring. Bringing these findings back to the purpose of this study, this consideration may have wide-reaching implications for nursing programs. As the faculty shortage continues, innovative strategies must be considered to attract and retain faculty. In addition to promoting a greater understanding of the role of AD nurse educators, these findings reaffirm the importance of continued faculty mentoring in all stages of one's career.



***Strategies: context matters.*** The final S in the 4 S System is strategies. Goodman et al. (2006) referred to several studies addressing various ways in which people effectively cope with stressful events, or navigate transitions. The authors suggested that there is no one particular way to cope with an event, rather, effective coping entails the use of a range of strategies, dependent upon the situation (Goodman et al., 2006). The authors reinforced the notion of considering context in all situations, just as Belenky et al. (1997) discussed the idea of constructivist knowers being able to tolerate ambiguity, consider context in all situations and “recognize the inevitability of conflict and stress” (p. 137).

In this study, Nora, Ellen, and Lauren utilized various coping mechanisms to deal with the challenges and complexities of being a nurse educator, such as relying on strong faith, values, fellow faculty support, and intuition to help guide their decision making. As the educators told stories of first becoming an adjunct, each spoke often of using one’s intuition in challenging circumstances, and seeking out multiple ways to gain the knowledge necessary to be effective in the new role. As new adjuncts, they were managing the stress of the transition and change in the role by reverting back to their subjective, inner voice of knowing, while realizing that they would need to seek out new ways or strategies of viewing the world. As Nora, Ellen, and Lauren became more experienced and confident, each was able to integrate the procedures of connected and separate knowing, and eventually move into thinking contextually, integrating her inner voice, and becoming a constructivist knower.

Each educator detailed the coping strategies which worked for them. As they struggled, in order to effectively transition into their new role, they learned to develop

new ways of viewing their world, while depending on old ways to support their thinking and sense of self. From the reading and re-reading of this study's findings, my contention is that as a result of their experiences, each educator was capable of moving successfully into the next level of complexities inherent in the role of nurse educator in the community college environment. Belenky et al. (1997) referred to this period of transition, asserting that:

For women shifting into the position of constructed knowledge, an inner voice and self exist but may have had minimum attention, particularly if the women had learned the lesson of 'weeding out the self' which our academic institutions so often teach. During the transition into a new way of knowing, there is an impetus to allow the self back into the process of knowing, to confront the pieces of the self that may be experienced as fragmented and contradictory (p. 136).

Considering Clandinin & Connelly's (2000) three-dimensions of time, place, and personal-social, Belenky et al.'s (1997) *Women's Ways of Knowing*, and Goodman et al.'s (2006) transition framework, the findings from this study re-affirm the notion that becoming, being, and evolving as an AD nurse educator in the community college setting was a series of transitions navigated by the three nurse educators in this study. Although each faculty member dealt with the challenge of moving from nurse expert to novice educator, and the subsequent unsettledness and feelings of being out of control in the new role, each educator had significant assets which enabled them to effectively cope and evolve in the way they viewed their world. As the educators have shared in their own words, each has grown and developed in the way they view the world through their experiences as nurse educators in the community college.

Rogers (1963) asserted that in order to be a fully functioning person, one must be open to new experiences, trust one's feelings, be able to live and appreciate the present, be creative, and be gratified by seeking new challenges and experiences. As each educator learned through their experiences how to navigate the complexities of being an AD nurse educator, their self-image and ideal self (Rogers, 1963) became more congruent, thus enabling them to have a greater sense of self-worth and move toward self-actualization. As Nora, Ellen, and Lauren moved toward this greater sense of being, each was capable to evolve as a constructive knower, as each became free from constraints, and able to think outside of the given.

In summary, the first research question inquired how Nora, Ellen, and Lauren's ways of knowing their world evolved as a result of their experiences in becoming and being AD nurse educators. Their stories and subsequent themes depicted these unique experiences. As each participant spoke of their experiences of being challenged in their new role, their stories suggested how they struggled with their caring and connected knowing, naturally associated with being a nurse expert. As the educators moved in to their role, this discomfort prompted them to revert to comfortable ways of knowing, while they simultaneously realized the need to learn new strategies. Goodman et al.'s (2006) transition framework has provided a means for explaining how Nora, Ellen, and Lauren were able to move through these challenges, and evolve to become experienced educators.

As Nora was the most experienced of the three participants, her stories demonstrated the triumphs and challenges she encountered, and her strategies of moving through the transitions of becoming and being an educator. Nora's stories also depicted

how she developed as a connected teacher, and as a constructed knower. Nora's stories demonstrated her quest for self-actualization as a constructed knower as she continued her education and became department chair. As Nora retired and moved out of her role as an AD educator, her stories epitomized the transitions of becoming, being, and evolving as an AD nursing faculty member.

Ellen's stories also captured her growth and the evolution of her ways of knowing as she transitioned from being a new adjunct, to full-time faculty, and then moved out and moved in to the Director of Nursing role. Ellen's growth in the way that she viewed her role as facilitator, similar to a mid-wife teacher, signified the way she evolved through her experiences. As Ellen gained more experience in her new role, she described the confidence that she had acquired, and her ability to continue to care for the people around her as a constructed knower.

Lauren had also evolved significantly as demonstrated by her reflective feedback offered toward the end of this research study. Lauren's struggle with connected knowing (caring) versus objectivity and her subsequent development of the new procedure of separate knowing (objectivity) demonstrated how her perseverance and internal coping mechanisms enabled her to move in and through to become effective in her role. Lauren's open and honest assessment of herself, and her surroundings, signified her constructivist way of knowing, as she developed the ability to consider each situation in context, considering the ethic of care.

This section has discussed how Nora, Ellen, and Lauren have evolved in the way they view their world as a result of their experiences as AD nurse educators in the

community college setting. Additionally, it has also been suggested how the findings from this study have extended Belenky et al.'s (1997) research by using Goodman et al.'s (2006) transitions framework to explain how the educators were able to evolve in their knowing, while effectively transitioning from expert nurse to novice educator to expert educator. In the next section, I will examine the second research question: how the telling, retelling, and reliving of Nora, Ellen, and Lauren's experiences have affected their stories.

### **Telling, Retelling, Reliving**

Collecting and analyzing stories is only part of narrative inquiry. It is in the living and telling of experience that we locate what represents our sense of our experiences as narrative inquirers. Relationship is at the heart of thinking narratively. Relationship is key to what it is that narrative inquirers do (Clandinin & Connelly, 2000, p.189).

At the beginning of this study, I spent a great amount of time reflecting about my life, on becoming a nurse, then a nurse educator, and how my ways of viewing the world have evolved through my experiences. As written in Chapter 2, Clandinin's (2013) second design consideration suggested that as the inquirer, at the onset of the study, I must think about my own experiences and justifications for this study. Thus, I wrote my autobiographical narrative, and continued throughout the study to think about, and journal, my reflections and AHA moments. As I reflected upon how the stories of the three educators were affected by the telling, retelling, and reliving of their experiences, I re-visited my autobiographical narrative and journal notes to consider how the process of

the unfolding of this research study has influenced, or changed the way that the stories are presented and interpreted, from my perspective.

Unequivocally, from my viewpoint, this research process has changed my view of the world, while allowing me a deeper understanding of who I am, in relation to my role as an AD nurse educator in the community college environment. As I worked alongside each participant throughout the study, we actively dialogued and clarified meanings for validation, while continually revisiting my own interpretations and experiences throughout the research process to ensure that that all possible meanings would be revealed (Clandinin, 2013). As I wrote the final research texts, I re-confirmed with each educator that their retold stories conveyed the essence of their experiences, and asked for feedback as to how they felt the research had changed the way they viewed their stories. As Nora, Ellen, and Lauren were active participants during the gathering of stories, composing of field texts, and the development of the final research texts, their honest and open feedback have been instrumental throughout the research process.

Narrative inquiry is a relational inquiry and is co-composed by me, the researcher, and the participants as we “live alongside, telling our stories, hearing another’s stories, moving in and acting in the places-the contexts-in which our lives meet” (Clandinin, 2013, p. 23). As the second and third research questions have addressed the process of this inquiry from a telling standpoint, and then from a relational standpoint, I will address the telling, retelling, and the reliving in this section, first from my perspective, followed by the three educator’s perspectives. The last section will detail a discussion of the third research question, the evolving relational aspect between me and the participants.

**My story.** When I first considered this research topic and methodology, I knew intuitively that there was a story to be shared. Stemming from my own development as a nurse, then nurse educator, I was aware of the significant growth I had experienced in terms of how I viewed myself and my world. This development was not just the result of acquiring the content and knowledge of how to be an effective nurse and nursing faculty member, or how to be a department chair, but it was in the way that I learned how to contemplate my daily interactions from various perspectives, and how I dealt with the world around me, based upon the context of the variables of the situation. At the onset of this study, the implicit understandings and constructs that I had acquired through my experiences as a nurse educator, such as, how to consider various perspectives, how to step back from emotional responses, and how to look at situations from a care perspective, while integrating justice and fairness into the equation, were what drove me to explicitly unpack and reveal those stories and insights of my fellow educators to prospective readers.

I also knew that I was not the only nurse educator who understood this way of viewing of the world. As I read and re-read the literature, I found this notion of “wisdom” and “experience” (Datillo et al., 2009; Diekelmann, 2004; Paton, 2007) as one that I wanted to bring out clearly in this research. I also understood how the community college environment had its own particular nuances to be explored and shared. As the US population continues to growing older, the projected nurse and nurse educator shortage is imminent. Thus, how AD nursing faculty evolve through their unique experiences in the community college setting needed to be showcased, with goal of promoting a greater understanding and interest to prospective faculty members and other readers.

A big AHA moment for me, as an educator, was realizing how I had learned (as a constructed knower) that all situations have a context with multiple perspectives to consider. This type of knowing has allowed me to be open and accepting, while considering the possibilities, and seeking a greater understanding of the issues at hand by considering both connected and separate ways of viewing each situation. Prior to becoming an educator, I believe that I tended to view the world as if there were answers to most questions, and similar to Nora, Ellen, and Lauren, was more of a connected knower, based upon my nursing background.

As I have grown through my experiences as an AD nursing faculty member, I have learned how to be open and tolerant of ambiguity. I have realized that many complex situations do not have clear-cut answers, and how to balance my intuitive, caring self with rational procedures. Over time, as a result of the often multifaceted, and challenging day-to-day experiences with students, faculty, staff, and administration within the college environment, along with a consideration of the external issues on the county, state and federal level, I have evolved in the way that I view my world. Additionally, I believe that my doctoral coursework, and the process of this research, has further enabled me to consider various perspectives, think contextually, and grow in my thinking.

This type of constructed knowing is similar to thinking narratively. Thinking narratively is considering the three dimensions: temporality, sociality, and place that impact how stories are lived, told, retold, and relived. Clandinin and Rosiek (2007) described the purpose of narrative inquiry and how inquirers make sense of the multiple contexts that occur:



In narrative inquiry, multiple contexts beyond the researcher's control - such as spatial contexts, cultural contexts, social contexts, institutional contexts, place contexts, and people contexts - are always present. Narrative inquiry is, following this, a relational form of inquiry. Describing the way people go about making sense of their experience within these contexts, and contributing to that ongoing sense making, is the purpose of narrative inquiry (Clandinin & Rosiek, 2007, p.17).

What has emerged is that through my own experiences and perceptions, my retelling of the participant's stories is a function of the ongoing relationship that I have with each participant, including my own biases and frame of reference. I have influenced what has been told. My perception of how I have evolved in the way that I view the world has provided the lens from which I view the stories of Nora, Ellen, and Lauren's experiences. Considering my biases, I have retold their stories, while simultaneously confirming these were the stories they intended to tell.

Through this research, I have had significant self-growth. The process of being close to the research and the participants, and being part of their stories, has enabled me to step back and attempt to view each participant both subjectively and objectively. The clarity stemming from understanding my own perspective, then setting my viewpoint aside to study others' perspectives has been startling. Because I have lived alongside the participants, I can relate to their stories, but have learned to view their perspective and "get into their thoughts." Trust, honesty, and openness are characteristics of nurses, thus each participant and I have had a mutually positive relationship throughout this research. The following excerpt is taken from my journal, reflecting how I realized my personal

growth throughout the research process. This entry was made during the early phase of the data analysis process.

Rereading my autobiographical narrative written last year and realizing how much my story has changed as I have worked alongside the participants as they have told their stories. As a result of this process, I am now more inward and can see myself more objectively. My own growth as an educator in the past year is evident as I am more involved in the college: governance, steering, faculty negotiations. I now see how I have changed through my experiences in a way that I did not see before - I am more able to deal directly with issues, and am no longer afraid to put myself out there for the faculty, and the students. Also, the contentious environment has changed things somewhat. I had the opportunity to rerun as department chair, and chose to do so, as I feel I am still able to offer services to the department because of my experiences.

At the beginning of this inquiry, I suspected that the temporal aspect would emerge as a factor in each educator's story. As a result of the retelling of Nora, Ellen, and Lauren's stories, I have, indeed, found how the length of time as an educator, along with their personal-social interactions, and the nature of the community college environment (place) influenced the evolution of the ways of knowing of the participants in this study.

Additionally, as a result of undertaking this study, a broader perspective has been shared in terms of unpacking the processes which explain how these ADN faculty were able to evolve and move forward in their role. This study suggested that using Goodman

et al.'s (2006) transition framework can assist in explaining how these educators were able to successfully navigate the role of adjunct, and then transition as a full-time faculty member. The 4 S System, used widely in circles of psychology to aid counselors as they work with people experiencing transitions, may thus be helpful in aiding in the work-role transition from expert nurse to novice educator, by identifying and strengthening positive resources, while addressing others which may be hindering the transition.

As each participant told their stories of becoming, being, and evolving in the community college setting, the evolution of their ways of knowing became apparent as well. Their unique experiences have been shared in Chapter 4, with emergent themes detailed in Chapter 5. Additionally, in order to further validate the research texts, I asked each educator to provide feedback on the final texts, and to think about how their stories have shifted as a result of telling, retelling, and reliving them in this study. In considering the temporal aspect of narrative inquiry, I requested for the participants to reflect upon the research process. As research question one examined Nora, Ellen, and Lauren's experiences in becoming, being, and evolving as AD nurse educators, research questions two and three were intended to examine the processes of the research, including the evolution of our relationships.

**The educators' perspectives.** As Lauren was the newest of the faculty in the full-time role, while she had evolved significantly in the way that she was able to consider various perspectives, she continued to struggle with the integration of care (connected knowing) and objectivity (separate ways of knowing). Lauren self admittedly was a more of a "linear thinker" but could also work on seeing perspectives that were more abstract and multidimensional. She maintained that she went to experts when

unsure of how to navigate a situation, but had a strong intuitive sense. Lauren had significantly evolved in the way she knew and viewed the world, and felt she would continue to do so.

Lauren said that telling her story was worthwhile for her. Reflecting back over the research process, she commented on her growth since first becoming a full-time member. “Telling my story made me realize how I had progressed in my journey as a nurse educator.” Lauren felt that her biggest AHA moment was:

That the things that made me uptight, when you were interviewing me, no longer make me uptight. I guess that I have now gained confidence in my college-wide experiences and therefore do not worry as much about how others in the college interpret my actions. I do put a lot of thought into what I say and what I do, but I have decided that I do what I believe is best for the college and ultimately the students; that is my only motive.

Lauren’s honest and transparent communication style are assets that will continue to serve her well in her role.

Ellen had evolved significantly as a result of her experiences. She recognized her “mothering” and “caring” tendency which was repeatedly apparent in her stories. Because of our close working relationship, there were times that I had to step back, read and re-read her stories, in an attempt to view her objectively, as I wanted to understand her experiences through her eyes, without being clouded by my own perceptions.

Ellen was extremely devoted to the people that she worked with. She derived satisfaction and felt useful when helping others. Her identity and self-esteem were directly related to her role as nurse and nurse educator.

Over time, Ellen learned to view herself as facilitator rather than the center of students' learning. Ellen continued to learn how to view situations in terms of expected outcomes and unanticipated consequences. Ellen's caring nature epitomized the mid-wife teacher, as she strived to promote students to be successful and independent learners.

Ellen realized that she continued to evolve through this research process. She saw how her view had changed as a result of her experiences in the director role, and because of the climate at the college. She realized that she was not as confident in her role at the beginning of this research process, and how, reflecting back, she would have done things differently, had she had more of her voice. She pulled me aside one day, a month or two after our last research-focused conversation, and shared how she had grown in her role. She said that after one of our conversations, she reflected upon some of the observations stemming from an earlier conversation, and realized how much she had evolved, and that she was much more willing and confident to stand up for her ethical beliefs when dealing with challenging students.

This type of explicit awareness brought out through the process of telling, retelling, and reliving, also known as an AHA moment, reflected the reciprocal and relational nature of narrative inquiry between me, the researcher, and Ellen, the participant. Pinnegar and Daynes (2007) asserted "the researcher and the researched in a

particular study are in relationship with each other and that both parties will learn and change in the encounter” (p. 11).

As a result of participating in this study, Ellen said that she had realized how important faculty mentors are in the development of newer faculty members, and had also realized, through reading the narratives, that she was seeking a role model for herself as well. Ellen felt that her role and responsibilities has evolved quickly, as she realized that, in a short few years, because of turnover in other colleges, she was one of the senior directors among the state’s community colleges.

Nora had reached the ultimate point in her career (achieving the DNP) as her retirement was impending. As she had said, the telling, retelling, and reliving of her stories was both cathartic and healing for her. As she felt ambivalent regarding her upcoming retirement, Nora said that our multiple meetings and conversations enabled her to sort through, and relive her years as an educator. This brings up a point regarding the fluidity of narrative inquiry. Green (2013) asserted how narrative inquiry focuses a dynamic nature of interpretation, as interpretations may change “with time, with new experiences, and with new and varied social interactions” (p. 67).

As I listened to, and then read and re-read Nora’s stories, it was quite clear that I would retell her stories to showcase how her ways of knowing had significantly evolved as a result of her experiences as a nurse educator in this community college. Nora’s accomplishments and major contributions to the nursing program, along with her intelligence, grace, and keen emotional intelligence, made her an exemplary nurse

educator. Her stories demonstrated how she continued to grow, but at the same time, insisted, once a nurse educator, always a nurse educator.

As mentioned, Nora had retired before the final research texts were completed, but was very involved in reviewing and offering feedback throughout the analysis process. In addition to being very appreciative of the time spent during the conversations, Nora was expressive about the outcome of the research.

I am also overwhelmed that you captured every aspect of my long professional journey so beautifully. You have no idea how healing this is for me as I transition from my life as a community college educator!

Nora expressed her insights gained through the experience. As mentioned, she suggested that in addition to requiring a mentor for new faculty, she believed that mentoring was essential throughout the various stages of one's career. As Nora was a full-time faculty member for 29 years, through the telling, retelling, and reliving of this research, she realized how her relationship with the former Dean, Anne, and other informal mentors, enabled her to move along through the transitions in her career. She believed that all faculty needed strong mentors and a safe space for reflection. Nora remembered how important it was for her to have the support of experts, not just as she transitioned as a new educator, but in her middle, and late career.

Nora also felt she had the passion and perseverance that was needed to improve and grow, especially through her challenging experiences with students. She stated that she realized, once again, through this research process, how challenging it was to make

the decision to fail an unsatisfactory student, thus destroying their hopes and dreams, and possible chance, for some, at financial stability.

Through the telling, retelling, and reliving of these stories, the participants and I gained new insights into the role of the nurse educator in the community college. This research has validated how much these women and I were, and continue to be, dedicated to our profession and have found deep satisfaction in confronting and dealing with the daily challenges inherent in our jobs. Through these challenges, we have drawn upon our prior knowledge and experiences as nurses and educators to handle complex situations, and grow as a result of the experiences. These educators demonstrated in their own way, their evolution of their ways of knowing, as I have done with mine. Being a nurse educator involves a tremendous amount of care and devotion. Although you must give a lot of yourself, you receive incredible internal rewards as well. In the next section, I will address the third research question, how did the relational aspect between the participants and I evolve throughout the study?

### **Evolving Relationships**

In addition to the way that Nora, Ellen, Lauren, and my stories and perspectives have been influenced and sharpened through our reciprocal experiences of telling, retelling, and reliving, there was a story to share regarding our evolving relationships. At the onset of this research, I articulated the reasons why the three participants were chosen for this research. As noted in Chapter 3, in addition to the length of time each has practiced as an educator, I also selected the participants because of my vision of being able to work successfully with each of them. Nora and Ellen were both senior to me in



terms of years' experience in the full-time faculty role, Lauren was hired a few years after I was. My perception was that I had a positive, respectful relationship with each participant. I had worked with each of them before in varying capacities, and believed that they would be open to negotiating the narrative spaces necessary to undergo the research.

When I first invited each of them to be part of the study, I was very clear about the expectations, including the personal-social nature of narrative inquiry. In addition to being able to trust and share their stories with me, the researcher, my responsibility involved being respectful and articulating their stories as the participants intended for them to be read. Clandinin & Connelly (2001) referred to this responsibility as they asserted "in much the same way that we consult our consciences about the responsibilities we have in a friendship, we need to consult our consciences about our responsibilities as narrative inquirers in a participatory relationship" (p. 172).

Ellen spoke about this tension later in the research process when I asked her how she felt about sharing her stories.

When telling my stories, I was sometimes embarrassed to share. It was intimidating to think how I would be perceived by others. I felt comfortable with you, but it was the thought that others would read it that was intimidating.

Overall, I was confident in myself and did like where I was professionally, so I felt the journey was worth it.

The trust issue was a paramount piece in choosing each participant. From my experiences in working with each faculty member, I felt that each held high standards and

morals, and that they would be honest in their responses. I also informed them that if they felt uncomfortable in being open and direct with me, they had the prerogative to discontinue the research at any time. I am generally a direct communicator, thus I felt this was a productive way to promote trust in the research process. Nora, Ellen, and Lauren each validated this in their comments later during the review of the final research texts.

You know a lot more about me than most people in the department, but I trust you and know that you would not share anything without permission. As I said before, I tend to base my relationships on trust and honesty, you possess both of those qualities in abundance. I knew this prior to our interviews.

Another spoke about how the trust and communication that we had already shared was enhanced as result of the research process.

Before participating in this research, I thought we already had developed a good communication style. This has strengthen my trust in you. I feel we better understand each other and our fundamental points of view.

After working with each of these women and then spending many hours in discussions, reading and re-reading research texts, I have grown to admire and respect each of them even more than I had prior to my research. As the research unfolded, several common themes emerged, although each educator had their own distinct perspectives. The uniqueness of narrative inquiry is that I am part of the research process. As their stories unfolded, my understanding of my story unfolded as well.

Through this research, I have gained a greater understanding of each of the participants, as I have viewed their stories through their eyes and listened to their voices. As a result, I have been able to view my own story even clearer, as if viewing myself from each of their eyes. Through this research, I have found my voice, clearer and stronger, and have enabled the participants to have a greater understanding of themselves through my lens.

In conclusion, the second and third research questions have explored how the process of the telling, retelling, and reliving have affected the participant's stories and how the relationship between me, the researcher, and the participants have evolved throughout the study. As stated, from my perspective, this study has enabled me to grow as a result of my experiences working with each of the participants. As I have spent many hours reading, reflecting, writing, analyzing, re-writing, talking, rethinking and rewriting, I have become so much more aware of who I am, and at the same time, who the participants are, and how they have evolved through their experiences.

The experiences of becoming and being an AD nurse educator are unique and have been shared through Nora, Ellen, and Lauren's stories, and filtered through my own voice. Their ways of knowing and how they have successfully transitioned in their roles has been explored as a means of informing, and thus, inspiring potential educators and other interested readers. The next chapter will discuss the implications for policy, research, and practice resulting from this study.

## **Chapter 7**

### **Implications**

This chapter discusses the implications and final conclusions that have been generated from the findings of this inquiry. Through the telling, retelling, and reliving of their stories, three AD nursing faculty members and I have worked together to share their experiences of becoming and being educators in the community college setting. This study has demonstrated how their ways of knowing have evolved through their experiences, and how they were able to transition in their role from nurse expert to novice educator to full-time faculty members.

This research study was undertaken to address the nursing faculty shortage in AD nursing programs. As described, the projected nursing and faculty shortage (US Department of Labor, Bureau of Labor Statistics, 2015) is a paramount issue involving county, state, and federal policymakers. As nursing education has been charged to produce 1.13 million new RNs by 2022 (AACN, 2014), a vast number of research studies and initiatives have been implemented to attract nurses into the field of nursing education.

As stated in the 2014 NLN Nurse Educator Shortage Fact Sheet, one of the paramount recruitment challenges involved, “a general lack of awareness on the part of the public and among nurses that the faculty role is a viable career objective” (NLN, 2014b). The purpose of this study was to better inform and provide a deeper understanding of what it means to be a nurse educator in the community college environment, and thus, by showcasing these experiences, inspire clinical nurses to

consider entering into nursing education. The following section will detail implications inferred from this study for policy, followed by research and practice.

### **Implications for Policy**

On the state and nationwide level, the ongoing debate regarding the justification of ADN versus BSN education continues. As stated in Chapter 1, ADN programs must continually prove the need for their existence, in spite of the fact that in the state where the college in this study is located, ADN education is the most affordable and accessible means for students to obtain the education required to take the RN licensure exam.

During the time of this inquiry, a proposal was made by two community colleges in the state to obtain approval to offer the baccalaureate degree in nursing. Again, the purpose of this initiative stems from the projected nursing shortage and the affordability of community college programs. Although much anticipated pushback from four-year institutions may delay this effort, at the time of this research study, 22 community colleges in the US offered the BSN, thus the affordability and accessibility offered by community college education may enhance the likelihood of this scenario.

This findings of this research study are important regarding this proposal. As I am a supporter of the community college BSN initiative, this research is intended to inform, and thus inspire nurses, by fostering a sense of connection through understanding, to become nurse educators, and to showcase the talent and brilliance of three ADN nurse educators. Their thoughts, insights, and capabilities have been shared, in the hope that clinical nurses and students would better understand the internal and external rewards of being an educator. The interest provoked from reading this inquiry is also meant to raise

the general public's awareness and respect of the talents and depth of wisdom derived from being a nurse educator in the community college environment.

In a recent article detailing a meeting among college presidents at the state's President's Council meeting, the community college BSN debate continued between community colleges and four-year institutions. Leaders of the state's senior colleges said that "the two-year schools underestimate the investment needed in faculty in offering the degree and worry about the community colleges infringing on their roles" (Alex, 2016). The findings from this research study may address the apparent lack of understanding of the AD nurse educator's role and capabilities. As stated, this research has displayed how three nursing faculty were able to effectively transition in their roles. Their self-awareness, effective coping mechanisms, determination, and resilience, coupled with the external support of colleagues, and internal gratification of working with community college students, has enabled these educators to adapt and successfully evolve in their roles. Through this research, the public will hear the strong and clear voices of these AD nursing faculty.

Through this research, it is also hoped that administrators in health care and education, and policymakers on the local and federal level, recognize the enormous contribution of AD nursing education to our health care system. This may lead to an increased number of grants and/or potential opportunities to increase salaries, and other resources, to promote recruitment and retention for capable nursing faculty in the community college setting.

## **Implications for Nursing Research**

There are several implications stemming from this inquiry regarding nursing research. The first recommendation stems from the findings depicting the enormous challenges and role strain experienced by the Nora, Ellen, and Lauren as they transitioned into their faculty roles. Belenky et al.'s (1997) *Women's Ways of Knowing* was utilized as a framework that examined how their view of their world evolved, first, as they transitioned from nurse expert to novice nurse educator, and then again as they moved in, and moved through into the full-time faculty role. As shown, the three educators' ability to effectively cope with the conflict and unsettledness in these work- role transitions, along with the unique challenges and circumstances associated with teaching nursing in the community college environment, suggested that there are factors along the way which enabled these educators to propel forward and evolve as constructivist knowers.

This study has extended the research of Belenky et al. (1997) by using Goodman et al.'s (2006) transition framework as a means of explaining the phenomenon of how three nurse educators evolved in the community college setting. As this study has detailed this process using the 4S System, additional research is indicated to better understand and clarify how the 4 S's; situation, self, strategies, and support can be used to aid in the recruitment and retention of nurse educators. As the three educators in this study were in a unique environment involving major changes in leadership within the program, and throughout the college, further research on additional nursing faculty populations is also indicated to better understand the nature of the transition process, and which assets are most likely to influence an optimal outcome.

In addition to extending the research of Belenky et al.'s (1997) *Women's Ways of Knowing* through the use of Goodman et al. (2006) and Schlossberg's (2011) transition framework, the findings of this study suggest how some of the conflict and challenges experienced during the three nurse educators' work-role transition may have been, in part due to their realization that, as they moved into their new role as clinical adjunct, their way of knowing was not sufficient to handle their new responsibilities. As described previously (Anderson, 2009; Duphily, 2011; Weidman, 2013) novice nurse educators grapple with balancing their view of the world through their more natural, caring perspective, versus learning how to use objective procedures. Nora, Ellen, and Lauren verbalized the struggles they encountered as they dealt with students through caring and connectivity, as they had naturally done so with their patients, and later realized, that in order to promote the most optimal outcome for their students, they would need to develop more objective procedures, to balance out their caring approach.

These findings suggest that further research is indicated to better understand the dynamic interplay between intuitive (feeling) and rational (scientific) thought. Paley et al. (2007) suggested there is reason to consider how S2 or N2 (scientific reasoning) may be more of an important modulator in decision making, while S1 or N1 (intuition) may be the natural default. Considering the findings of my research, it appears that there is no specific point in which one way of thinking outweighs the importance, or need, for the other way of thinking.

As the three nurse educators evolved and learned how to consider context in all situations, this research validates the notion that there may be a higher level of knowing (constructivist) which permits nurse educators to be able to perceive a situation, consider



alternatives, and, incorporating reason and intuition, act accordingly. Further research in this area is indicated to better understand the relationship between scientific and intuitive reasoning, and the role it may play in clinical and classroom decision making.

### **Implications for Nursing Practice**

Additionally, there are several implications generated by this study for nursing practice. The first area involves the primary reason for this research study: to inform readers of what it means to be an AD nurse educator. Through the retelling of Nora, Ellen, and Lauren's stories, clinical nurses, students, and other prospective nurse educators would relate to their experiences, and thus lessen the uncertainty associated with the role.

Moreover, as this research has detailed the challenges, as well as the passion, fortitude, and the internal rewards derived from being an educator, and how Nora, Ellen, and Lauren grew in the way they knew their world, readers will be inspired and more apt to consider a career in nursing education. This research study is intended for all students and nurses as they consider potential areas of practice. As nurses in practice often encounter stress, burnout, and compassion fatigue (ANA, n.d.), AD nursing education provides an alternative practice environment to use one's knowledge, experience, and advanced degree.

In addition to the explicit purpose of this study, secondary implications have emerged as well. As the 4 S System is not widely found in the literature as a means of assisting in the assessment and understanding of the transition process from expert nurse to novice educator, there may be a place in practice utilizing this model as an assessment

tool for beginning educators. In my practice, this may involve additional research developing a model for new adjuncts to use as a self-assessment when first entering into the educational arena, as well as for those nurses interested in moving into the full-time faculty role. As the transition framework is used widely in many areas involving work transitions (Schlossberg, 2011), there is a need to further explore the framework as a tool for early practice and mentoring. This would include using the tool to identify one's resources and deficits, and working with a designated mentor to help strengthen one's resources.

This framework may have added implications for nursing leaders. By using data obtained from assessing the 4S's, areas that are potential liabilities for new faculty could be identified, and thus stimulate the development of innovative strategies for retention purposes. For example, if there is not enough support, department chairs, deans, and directors could use this knowledge to inform data-driven decisions such as the implementation of mentoring programs and other methods of support. As Nora spoke of the need for mentoring during all stages of one's career, this assessment tool could be helpful for one to identify what needs are not being met at particular times. This may entail developing resources or other programs in other areas of the 4S's, such as offering workshops or professional development opportunities to build faculty's self-worth, develop effective coping strategies, foster thinking critically, and to learn to consider various perspectives and contexts in challenging scenarios.

Furthermore, the findings from this inquiry further validate the importance of faculty support for novice educators. Diekelmann (2004) asserted how experienced practitioners who become new faculty often feel isolated and alienated when entering into

the new culture of education, and told of one new full-time faculty who, along with her uneasiness in the new role, spoke about “how little the faculty were around and when they were around, they were very busy” (p. 101). As mentioned in Chapter 1, Dieckmann (2006) also asked “how can schools of nursing create ways to publicly share stories of being new in teaching and in nursing?” As a leader in my department, this implies creating time for faculty-faculty conversations, and may include bi-monthly roundtables with groups of faculty in various stages of their careers, with agendas determined by all attendees.

In addition to strong support for novice educators, Nora, Ellen, and Lauren’s stories demonstrated how the support they received from colleagues, mentors, and administration played a major role in their ability to move through and successfully navigate the complexities of evolving as a nurse educator. These findings reinforce the literature detailing the many challenges educators encounter when moving through as one becomes more experienced in the role, thus validating the need for a formal, structured, quality mentoring program, beginning and extending throughout a nurse educator’s career (Anderson, 2009; Gardner, 2014; Grassley & Lambe, 2015; NLN Board of Governors, 2006; Schoening, 2013). This researcher suggests there be more conversations at the practice level examining how best to support adjuncts through initial role transition, followed by support of moving through the years of being in the full-time role. This would entail reflection, and honest dialogue examining past practices, questioning what worked, what didn’t work. This also suggests putting precious faculty and administration time aside, to fully devote oneself to these important conversations.

Another implication for practice stems from the finding depicting the struggle Nora, Ellen, and Lauren encountered as they grappled with their caring (connected) ways of knowing, while learning how to integrate objectivity in their encounters with students. As stated, the well documented expressions of novice educators “feeling out of control”, “stressed” and “challenged” may be due to the awareness that one’s prior view of the world will not be sufficient to effectively deal with the complexities encountered in challenging situations.

Considering these findings, there may be ways to better prepare novice nurse educators for these types of dilemmas. As this study has validated the literature regarding the importance of solid and consistent mentoring early, as well as, throughout one’s career, these findings suggest the need for institutions to provide private places for mentors and mentees to reflect upon their practice. As shown, the early moving in period for nurse educators is stressful and challenging. As novice educators struggle in their early role transition, reflective practice and active dialoging with a trusted mentor is one way to assist them in feeling supported and help them work through their integration of caring verse objective knowing.

Furthermore, as the findings of this inquiry validate prior studies demonstrating the cultural, social, and cognitive shift which occurs when transitioning from expert nurse to novice educator (Anderson, 2009; Schoening, 2013; Siler & Kleiner, 2001), this researcher recommends for leaders of nursing programs to be aware of the need for more clarity and transparency in mentoring practices for all new nurse adjuncts, taking into account the multifaceted and often diverse backgrounds of the current nursing workforce. This directly considers the NLN Public Policy Agenda for 2015-2016, referred to in

Chapter 1, calling for policies to support nursing faculty educational programs, including the creation of a more diverse nursing faculty (NLN, 2015).

The need for more clarification and transparency in mentoring may also be especially important, as one considers the upcoming Generation Y nursing population. As stated, Generation Y nurses will represent 50% of the nursing workforce by the year 2020 (Sherman, 2014). As this generation is expected to need more coaching and regular feedback than any other generation in the workplace (Sherman, 2014), this knowledge may further support the need for the mentoring process to include frequent and ongoing conversations. As Generation Y nurses seek humor and connectedness in the workplace (Sherman, 2014), open dialogue and reflection will be vital to ensure they receive adequate support, while fostering independence, self-awareness, and the ability to develop coping strategies to move through, and evolve in the nurse educator role.

## **Conclusion**

As the projected nursing shortage and the current nursing faculty shortage are critical US health care issues, various studies, as well as local, state, and nationwide policies and initiatives have been designated to develop strategies to attract and retain nurse educators. In addition, although being recognized as delivering the most accessible and affordable way to educate registered nurses, community college AD nursing programs must continually prove their worth and value in the healthcare system. As efforts to obtain approval to offer the BSN in two of the state's community colleges are in motion, this study has addressed these issues by providing readers with a deeper understanding of what it means to be an AD educator.

Through the lens of the three dimensions of narrative inquiry: time, personal-social, and place, this relational inquiry has depicted the stories of the experiences of three AD nursing faculty members in the community college setting. By portraying Nora, Ellen, and Lauren's perseverance, wisdom, and inner strength, and by demonstrating the processes by which they have been able to transition from nurse expert to experienced educator, this study has enabled its readers to become more knowledgeable, while promoting clinical nurses and students to be inspired to enter into nursing education.

This research study has validated the literature exploring the challenging experience of transitioning from nurse expert to novice educator, while also extending the research through the lens of Belenky et al.'s (1997) *Women's Ways of Knowing*, and Goodman et al. (2006) and Schlossberg's (2011) transition framework. As Nora, Ellen, and Lauren evolved in the way they knew their world, this inquiry depicted how their personal/social factors of situation, self, support, and strategies, interacted with the community college environment, as they made the successful transition, over time, to become constructivist knowers.

Nora, Ellen, and Lauren continue to evolve through their experiences. As suggested, the process of self-growth through one's experiences as an AD nurse educator are boundless. Considering the intellect, patience, and passion of the three educators, it is anticipated that they will continue to seek experiences to support their needs for self-actualization, as they continue their meaningful, and gratifying work with nursing students, faculty, and administration in the community college environment.

## References

- Alex, P. (2016, January 25). Passaic County Community College faces setback in efforts to offer bachelor's degree. *NorthJersey.com*. Retrieved February 19, 2016 from: <http://www.northjersey.com/news/passaic-county-community-college-faces-setback-in-efforts-to-offer-bachelor-s-degree-1.1498956>
- American Association of Colleges of Nursing (2014, April 24). Nursing shortage fact sheet. Retrieved February 19, 2016 from: <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf>
- American Association of Colleges of Nursing (2015). Nursing faculty shortage fact sheet. Retrieved February 19, 2016 from: <http://www.aacn.nche.edu/media-relations/FacultyShortageFS.pdf>
- American Association of Community Colleges (n.d.). Significant events. Retrieved from: <http://www.aacc.nche.edu/AboutCC/history/Pages/significantevents.aspx>
- American Association of Community Colleges (2015). 2015 fact sheet. Retrieved February 19, 2016 from: [http://www.aacc.nche.edu/AboutCC/Documents/FactSheet2015\\_grey.pdf](http://www.aacc.nche.edu/AboutCC/Documents/FactSheet2015_grey.pdf)
- American Nurses Association (n.d.). Nurse fatigue. Retrieved February 19, 2016 from: <http://www.nursingworld.org/fatigue>
- American Nurses Association (2014, August 14). Fast facts: The nursing workforce 2014: Growth, salaries, education, demographics & trends. Retrieved February 19, 2016 from: <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/Fast-Facts/-2014-Nursing-Workforce.pdf>
- American Nurses Association (2015). Code of ethics with interpretive statements. Retrieved February 19, 2016 from: <http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses>
- Anderson, J. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48(4), 203-208. doi: 10.3928/01484834-20090401-02
- Baker, C. (1991). Our stories, ourselves: Reflecting on practice. *American Journal of Nursing*, 91(10), 66-69.
- Baker, S., Fitzpatrick, J., & Griffin, M. (2011). Empowerment and job satisfaction in associate degree nurse educators. *Nursing Education Perspectives*, 32(4), 234-239. Retrieved from: <http://journals.lww.com/neonline/toc/2011/07000>

- Bateson, M. (1989). *Composing a life*. New York, NY: Penguin.
- Baxter Magolda, M. B. (1992). *Knowing and reasoning in college: Gender-related patterns in students' intellectual development*. San Francisco, CA: Jossey-Bass.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's ways of knowing: The development of self, voice, and mind*. New York, NY: Basic Books.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1997). *Women's ways of knowing: The development of self, voice, and mind*, (tenth anniversary ed.). New York, NY: Basic Books.
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice* (revised ed.). Upper Saddle River, NJ: Prentice Hall Health.
- Benner, P., Sutphen, M., Leonard, V. & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring, clinical judgment, and ethics* (2nd ed.). New York, NY: Springer.
- Billings, D. & Kowalski, K. (2008). Developing a career as a nurse educator. *The Journal of Continuing Education in Nursing*, 39(8), 343-344. doi: 10.3928/00220124-20080801-02
- Brady, M. (2007). Recruitment and retention of associate degree nursing faculty. *Journal of Nursing Education*, 46(4), 190-192. Retrieved from: <http://www.healio.com/journals/jne/2007-4-46-4/%7B9228c3ac-fb61-4355-8a49-eac302e150a0%7D/recruitment-and-retention-of-associate-degree-nursing-faculty>
- Brady, M. (2010) Healthy nursing academic work environments. *OJIN: The Online Journal of Issues in Nursing*, 15(1), Manuscript 6. doi: 10.3912/OJIN.Voll5No01Man06
- Brown E. (1948). *Nursing for the future*. New York, NY: Russell Sage.
- Budden, J., Zhong, E., Moulton, P., & Cimiotti, J. (2013). Highlights of the National Workforce Survey of Registered Nurses. *Journal of Nursing Regulation*, 4(2), 5-14. Retrieved on February 26, 2016 from <https://www.ncsbn.org/workforce.htm>
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advanced Nursing Science*, 1(1), 13-24. Retrieved from: <http://journals.lww.com/advancesinnursingscience/toc/1978/10000>



- Cash, P., Daines, D., Doyle, R., von Tettenborn, L., & Reid, R. (2009). Recruitment and retention of nurse educators: A pilot study of what nurse educators consider important in their workplaces. *Nursing Economics*, 27(6), 384-389. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/20050489>
- Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Walnut Creek, CA: Left Coast Press.
- Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey- Bass.
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35–75). Thousand Oaks, CA: Sage Publications.
- Clinchy, B. (1996). Connected and separate knowing: Toward a marriage of two minds. In N. R. Goldberger, J. M. Tarule, B. Clinchy, & M. F. Belenky (Eds.), *Knowledge, difference, and power*, (pp. 205-242). New York, NY: Basic Books.
- Cohen, A. & Brawer, F. (2008). *The American community college* (5<sup>th</sup> ed.). San-Francisco, CA: Jossey-Bass.
- Connelly, F. M. & Clandinin, D. J. (Eds.) (1999). *Shaping a professional identity: Stories of educational practice*. Toronto, ON: Althouse Press.
- Creswell, J. (2013). *Qualitative inquiry and research design* (3<sup>rd</sup> ed.). Washington DC: Sage Publications.
- DalPezzo, N. K. & Jett, K. T. (2010). Nursing faculty: A vulnerable population. *Journal of Nursing Education*, 49(3), 132-136. doi: 10.3928/01484834-20090915-04
- Datillo, J., Brewer, K., & Streit, L. (2009). Voices of experience: Reflections of nurse educators. *The Journal of Continuing Education in Nursing*, 40(8), 367-370. doi:10.3928/00220124-20090723-02
- Dela Cruz, F.A., Farr, S., Klakovich, M.D., & Esslinger, P. (2013). Facilitating the career transition of second-career students into professional nursing. *Nursing Education Perspectives*, 34(1), 12-7. Retrieved from: <http://journals.lww.com/neponline/toc/2013/01000>
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. *The Sage handbook of qualitative research* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage Publications.

- Dewey, J. (1998). *Experience and education: The 60<sup>th</sup> anniversary edition*. Indianapolis, IN: Kappa Delta Pi. Retrieved from: <http://www.schoolofeducators.com/wp-content/uploads/2011/12/EXPERIENCE-EDUCATION-JOHN-DEWEY.pdf>
- Diekelmann, N. (2001). Narrative Pedagogy: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advanced Nursing Science*, 23(3), 53-71. Retrieved from: <http://journals.lww.com/advancesinnursingscience/toc/2001/03000>
- Diekelmann, N. (2004). Experienced practitioners as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education*, 43(3), 101-103. doi: 10.3928/01484834-20040301-04
- Diekelmann, N. & Diekleman, J. (2009). *Schooling learning teaching: Toward narrative pedagogy*. New York, NY: iUniverse.
- Duphily, N. H. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing*, 6, 124-130. doi:10.1016/j.teln.2011.01.002
- Evans, J. (2013). Factors influencing recruitment and retention of nurse educators reported by current faculty. *Journal of Professional Nursing*, 29(1), 11-20. doi: <http://dx.doi.org/10.1016/j.profnurs.2012.04.012>
- Faison, K. (2012) Nursing education: A historical overview. *JOCEPS: The Journal of Chi Eta Phi Sorority*, 56(1), 2-4. Retrieved from: <http://search.ebscohost.com.ezproxy.rowan.edu/login.aspx?direct=true&db=c8h&AN=104156604&site=ehost-live>
- Fitzpatrick, J. (2014). Preparing the best possible nurse educators. *Nursing Education Perspectives*, 35(1), 7. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/24716334>
- Gallotti, K., Clinchy, B., Ainsworth, K., Lavin, B., & Mannfield, A. (1999). A new way of assessing ways of knowing: The attitudes toward thinking and learning survey (ATTLS). *Sex Roles: A Journal of Research*, 40(9/10), 756-765. Retrieved from: <http://link.springer.com/article/10.1023/A%3A1018860702422>
- Gardner, S. (2014). From learning to teach to teaching effectiveness: Nurse educators describe their experiences. *Nursing Education Perspectives*, 35(2), 106-111. doi: 10.5480/12-821.1
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

- Goldberger, N. R. (1996). Introduction: Looking backward, looking forward. In N. R. Goldberger, J. M. Tarule, B. Clinchy, & M. F. Belenky (Eds.), *Knowledge, difference, and power*, (pp. 12-13). New York, NY: Basic Books.
- Goodman, J. & Anderson, M. L. (2012). Applying Schlossberg's 4 S transition model to retirement. *Career Planning and Adult Development Journal*, 28(2), 10-20. Retrieved from: [http://www.lifeplanningnetwork.org/images/Journal-Vol28No2\\_summer2012%20\\_Retirement\\_copy.pdf](http://www.lifeplanningnetwork.org/images/Journal-Vol28No2_summer2012%20_Retirement_copy.pdf)
- Goodman, J., Schlossberg, N., & Anderson, M. L. (2006). *Counseling adults in transition: Linking practice with theory* (3<sup>rd</sup> ed.). New York, NY: Springer Publishing.
- Gormley, D. (2003). Factors affecting job satisfaction in nurse faculty: A meta-analysis. *Journal of Nursing Education*, 42(4), 174-178. doi: 10.3928/0148-4834-20030401-08
- Grassley, J. & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. *Journal of Nursing Education*. 54(7), 361-366. doi:10.3928/01484834-20150617-01
- Green, B. (2013). Narrative inquiry and nursing research. *Qualitative Research Journal*, 13(1), 62-71. doi: <http://dx.doi.org/10.1108/14439881311314586>
- Guba, E. & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage Publications.
- Haase, P. (1990). *The origins and rise of associate degree nursing education*. Durham, NC: Duke University Press.
- Hutcheson, P. (2007). The Truman Commission's vision of the future. *Thought & Action: The NEA Higher Education Journal*, Fall, 107-115. Retrieved from: [http://www.nea.org/assets/img/PubThoughtAndAction/TAA\\_07\\_11.pdf](http://www.nea.org/assets/img/PubThoughtAndAction/TAA_07_11.pdf)
- Institute of Medicine of the National Academies (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Jeffries, M. (2012). *Nursing student retention*. New York, NY: Springer Publishing.
- Josselson, R. (1987). *Finding herself*. San Francisco, CA: Jossey-Bass.
- Kalisch, P. A. & Kalisch, B. J. (1995). *American nursing: A history*. Philadelphia, PA: Lippincott, Williams and Wilkins.

- Kaufman, K. (2007). Introducing the NLN/Carnegie National Survey of Nurse Educators: Compensation, workload, and teaching practice. *Nursing Education Perspectives*, 28(3), 164-167. Retrieved from: <http://journals.lww.com/neonline/toc/2007/05000>
- Kelly, T., & Howie, L. (2007). Working with stories in nursing research: Procedures used in narrative analysis. *International Journal of Mental Health Nursing*, 16(2), 136-144. doi: 10.1111/j.1447-0349.2007.00457.x
- Lane, K., Esser, J., Holte, B., & McCusker, M. (2010). A study of nurse faculty job satisfaction in community colleges in Florida. *Teaching and Learning in Nursing*, 5, 16-26. doi:10.1016/j.teln.2009.05.001
- Lavoie-Tremblay, M., Leclerc, E., Marchionni, C., & Drevniak, U. (2010). The needs and expectations of generation Y nurses in the workplace. *Journal for Nurses in Staff Development*, 26(1), 2-8. doi: 10.1097/NND.0b013e3181a68951
- Lee-Lin, F. (2013). From clinician to faculty: 10 tips. *Journal of Nursing Education*, 52(6), 307-309. doi:10.3928/01484834-20130521-10.
- Leininger, M. (Ed). (1981). *Caring: An essential human need*. Detroit, MI: Wayne State University Press.
- Lindsey, G. (2006). Experiencing nursing education research: Narrative inquiry and interpretive phenomenology. *Nurse Researcher*, 13(4), 30-47. doi: <http://dx.doi.org/10.7748/nr2006.07.13.4.30.c5988>
- Lyons, N. (1983). Two perspectives on self, relationships and morality. *Harvard Educational Review*, 52, 125-145. Retrieved from: [http://williammarylyons.com/yahoo\\_site\\_admin/assets/docs/NonaTwoPersepectivexs70PDF.279202315.pdf](http://williammarylyons.com/yahoo_site_admin/assets/docs/NonaTwoPersepectivexs70PDF.279202315.pdf)
- Mahaffey, E. (2002). The relevance of associate degree nursing education: Past, present, future. *OJIN: The Online Journal of Issues of Nursing*, 7(2), Manuscript 2. Retrieved from: [www.nursingworld.org/ojin/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.aspx](http://www.nursingworld.org/ojin/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.aspx)
- McBride, A. (1985). Orchestrating a career. *Nursing Outlook*, 33(5), 244-247. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/3849723>
- Mertens, D. M. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications.

- Moody, N. (1996). Nurse faculty job satisfaction: A national survey. *Journal of Professional Nursing*, 12(5), 277-288. doi:[http://dx.doi.org/10.1016/S8755-7223\(96\)80007-X](http://dx.doi.org/10.1016/S8755-7223(96)80007-X)
- Morris, M. (1995). Lived experiences, values, and behavior of effective nurse faculty. *Journal of Professional Nursing*, 11(5), 290-298. doi:[http://dx.doi.org/10.1016/S8755-7223\(05\)80010-9](http://dx.doi.org/10.1016/S8755-7223(05)80010-9)
- National League for Nursing Board of Governors. (2006, January 28). Position statement: Mentoring of nurse faculty. Retrieved February 19, 2016 from:[http://www.nln.org/docs/default-source/about/archived-position-statements/mentoring\\_3\\_21\\_06.pdf?sfvrsn=6](http://www.nln.org/docs/default-source/about/archived-position-statements/mentoring_3_21_06.pdf?sfvrsn=6)
- National League for Nursing. (2006a). Healthful work environment tool kit. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/recognition-programs/toolkit.pdf?sfvrsn=4>
- National League for Nursing. (2007, August 29) News release: Key findings of Nationwide NLN-Carnegie Foundation Study of nurse educators released. Retrieved February 19, 2016 from: <http://www.nln.org/newsroom/news-releases/news-release/2007/08/29/key-findings-of-nationwide-nln-carnegie-foundation-study-of-nurse-educators-released-214>
- National League for Nursing. (2009) News release: NLN annual nursing data review documents application, admission, enrollment, and graduation rates for all types of prelicensure nursing programs 2006-07. Retrieved from: <http://www.nln.org/newsroom/news-releases/news-release/2009/03/16/nln-annual-nursing-data-review-documents-application-admission-enrollment-and-graduation-rates-for-all-types-of-prelicensure-nursing-programs-2006-07-170>
- National League for Nursing Board of Governors. (2013). NLN vision series: A vision for doctoral preparation or nurse educators. Retrieved February 19, 2016 from: [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/nlInvision\\_6.pdf](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/nlInvision_6.pdf)
- National League for Nursing. (2014). Biennial survey of schools of nursing. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/newsroom/nursing-education-statistics/main-obstacle-to-expanding-capacity-by-program-type-2014-%28pdf%29.pdf?sfvrsn=0>
- National League for Nursing (2014a). Number of nursing programs in the United States by state, region and program type. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/newsroom/nursing-education-statistics/number-of-basic-rn-programs-total-and-by-program-type-2005-to-2014.pdf?sfvrsn=0>

- National League for Nursing (2014b). Nurse educator shortage fact sheet. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0>
- National League for Nursing (2014c). Research priorities in nursing education 2012 - 2015. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/default-document-library/researchpriorities.pdf?sfvrsn=2>
- National League for Nursing (2015). Public policy agenda, 2015-2016. Retrieved February 19, 2016 from: <http://www.nln.org/docs/default-source/advocacy-public-policy/public-policy-brochure2015-2016.pdf?sfvrsn=0>
- New Jersey Council of County Colleges (2014). Facts at a glance 2014. Retrieved from: <http://www.njccc.org/wp-content/uploads/2013/03/Facts-at-a-Glance-2014.pdf>
- Orsolini-Hain, L., & Waters, V. (2009). Education evolution: A historical perspective of associate degree nursing. *Journal of Nursing Education*, 48(5), 266-171. doi: 10.3928/01484834-20090416-05
- Paley, J., Cheyne, H., Dalglish, L., Duncan, E. A. S., & Niven, C.A. (2007) Nursing's ways of knowing and dual process theories of cognition. *Journal of Advanced Nursing* 60(6), 692–701. doi: 10.1111/j.1365-2648.2007.04478.x
- Paton, B. (2007). Knowing within: Practice wisdom of clinical nurse educators. *Journal of Nursing Education*, 46(11), 488-495. Retrieved from: <http://www.healio.com/nursing/journals/jne/2007-11-46-11>
- Patton, M. (1990). *Qualitative evaluation and research methods*. Beverly Hills, CA: Sage Publications.
- Perry, W. (1970). *Forms of intellectual and ethical development in the college years*. New York, NY: Holt, Rinehart & Winston.
- Pinnegar, S. & Daynes, J. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In Clandinin, D.J. (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). Thousand Oaks, CA: Sage.
- Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Reissman, C. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications.
- Rogers, C. (1963). The concept of the fully functioning person. *Psychotherapy*, 1(1), 17-26. doi:10.1037/h0088567

- Ross, B. (2012). The nature of the interaction between nursing faculty and student. Unpublished manuscript, College of Education, Rowan University, Glassboro, NJ.
- Ross, B. (2013). Mixed methods research summary. Unpublished manuscript, College of Education, Rowan University, Glassboro, NJ.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.
- Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *Journal of Nursing Scholarship*, 23(3), 161-166. doi: 10.1111/j.1547-5069.1991.tb00662.x
- Schlossberg, N. (2011). The challenge of change: The transition model and its applications. *Journal of Employment Counseling*, 24(4), 159-162. doi: 10.1002/j.2161-1920.2011.tb01102.x
- Schoening, A. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Research*, 34(3), 167-172. doi: <http://dx.doi.org/10.5480/1536-5026-34.3.167>
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3<sup>rd</sup> ed.). New York, NY: Teachers College Press.
- Seligman, M. (2006). *Learned optimism: How to change your mind and your life*. New York, NY: Vintage Books.
- Shelton, E. N. (2003). Faculty support and student retention. *Journal of Nursing Education*, 42(2), 68-76. doi: 10.3928/0148-4834-20030201-07
- Sherman, R. (2014). Leading generation Y nurses. *Nurse Leader*, 12(3), 28-30. doi: <http://dx.doi.org/10.1016/j.mnl.2014.03.011>
- Siler, B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education*, 40(9), 397-403. doi: 10.3928/0148-4834-20011201-05
- Smith, L. (2005). Joys of teaching nursing. *Nursing 2014*, 35(1), 134-135. Retrieved from: [http://www.nursingcenter.com/lnc/pdfjournal?AID=541701&an=00152193-200501001-00013&Journal\\_ID=&Issue\\_ID=](http://www.nursingcenter.com/lnc/pdfjournal?AID=541701&an=00152193-200501001-00013&Journal_ID=&Issue_ID=)
- Stokes, L. G. (2003). Gatherings as a retention strategy. *ABNF Journal*, 14(4), 80-82. Retrieved from: <https://www.questia.com/library/journal/1P3-393873401/gatherings-as-a-retention-strategy>

- Tanner, C. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204-211. Retrieved from: <http://www.healio.com/journals/jne/2006-6-45-6/%7B01c3e3a4-a0a0-4853-a63a-403745cc995a%7D/thinking-like-a-nurse-a-research-based-model-of-clinical-judgment-in-nursing>
- Taylor, C., Lillis, C., Lynn, P. & LeMone. P. (2014). *Fundamentals of nursing* (8th ed.). Philadelphia, PA: Wolters Kluwer.
- United States Department of Health and Human Services, Health Resources and Services Administration (2010). The registered nurse population: Findings from the 2008 National Sample Survey of Registered Nurses. Retrieved on February 21, 2016 from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>
- United States Department of Labor, Bureau of Labor Statistics (2015). Occupational outlook handbook. Retrieved February 19, 2016 from: <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- van Manen, M. (1997). *Researching lived experience*. Ontario, Canada: Althouse Press.
- Watson, J. (1988). *Nursing: Human science and human care. A theory of nursing*. New York, NY: National League for Nursing.
- Weidman, N. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing*, 8, 102-109. doi: <http://dx.doi.org/10.1016/j.teln.2013.04.006>
- White M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton & Company.
- Wolfe, Z. (2008). Nurses' stories: Discovering essential nursing. *MedSurg Nursing*, 17(5), 324 -329. Retrieved from: <http://connection.ebscohost.com/c/articles/35172587/nurses-stories-discovering-essential-nursing>